THE SATURDAY EVENING POST

Founded A. [illegible] Benjamin Franklin

Sept./Oct.'95

At Home with Home Improvement's Patricia Richardson

How to Avoid Kidney Stones

New Life from Cord-Blood Transplants

Saluting the American Legion

The Casualties of Divorce

A Right to Die?

Illustrators Hall of Fame: Tribute to Man's Best Friend

Vitamins vs. Heart Disease

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At Home with Patricia Richardson—How does television's most credible mother stack up as a real-life mom? 34

A Daily Cranberry Juice Cocktail—was shown to decrease bacteria in urine. 36

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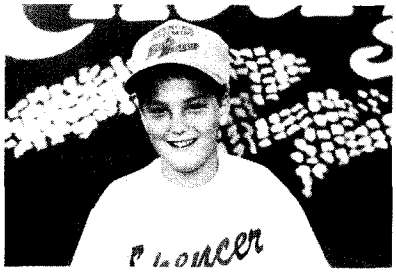

Cord-Blood Transplants—may be a godsend for the thousands suffering from fatal leukemia, immune diseases, and other blood disorders. 42

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(Cover photograph by Jonathan Exley/Gamma-Liaison)

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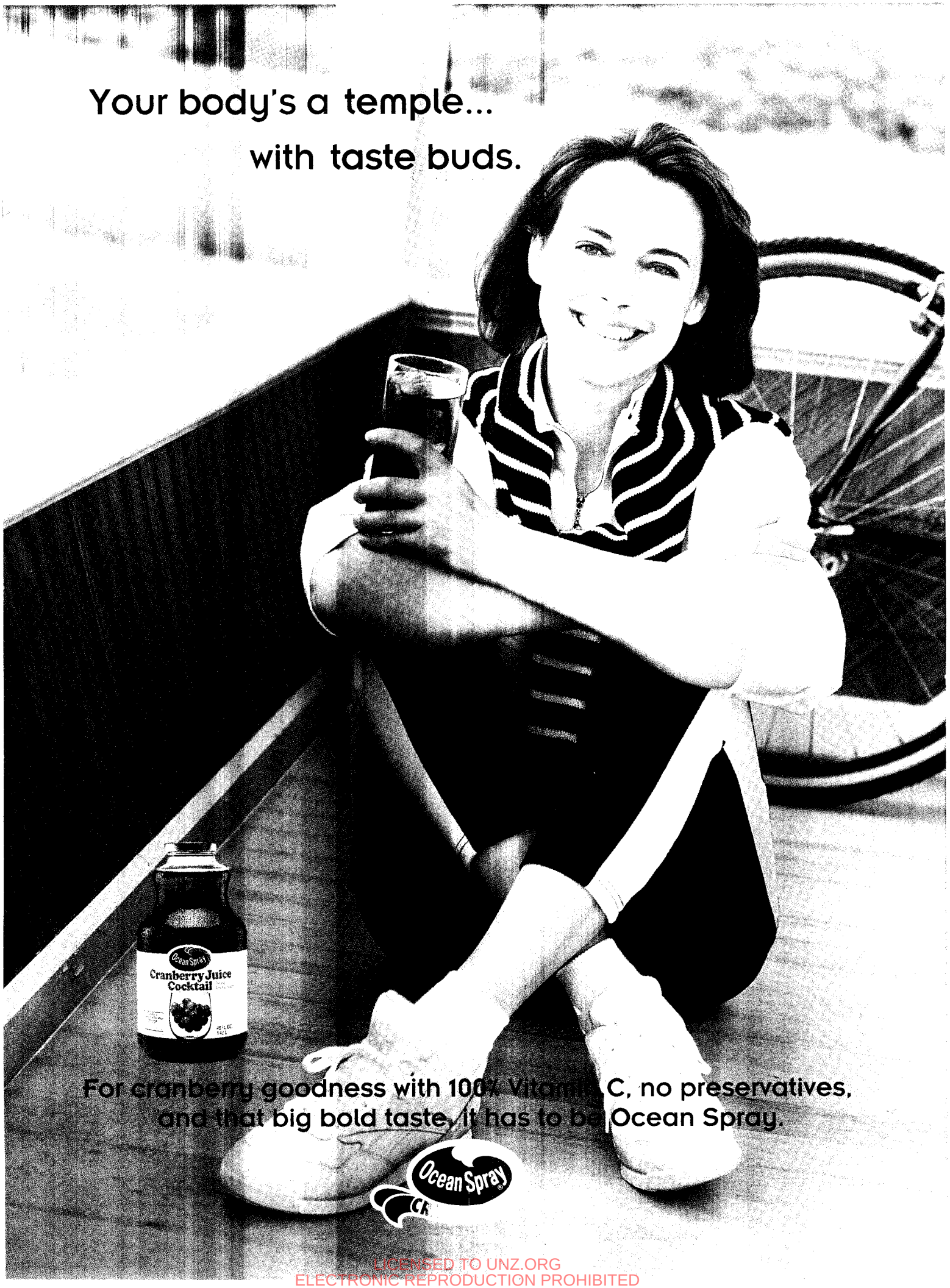
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The American Legion—celebrates 75 years of patriotic pride, community service, and stalwart commitment to American ideals. **52**

Plant the Seeds of Fitness—in your own backyard. Gardening is not only fun, but keeps you fit as well. **14**

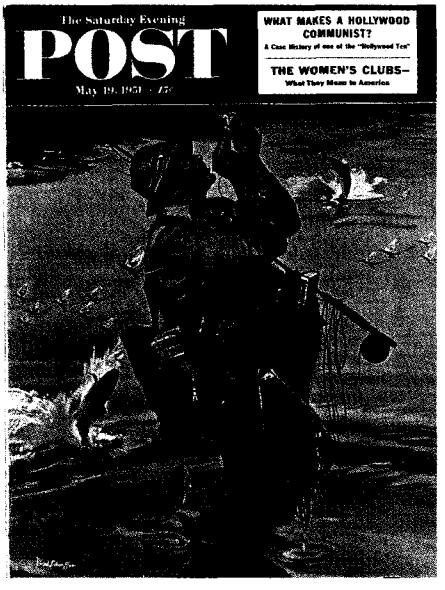
Homocysteine: A Genetic Link—is emerging, suggesting that some are at greater risk for this treatable heart disease risk factor. **24**

The Painted Floor—is making a comeback as modern homeowners take a new look at this colonial craft. **28**

Letters

Rockwell's Fine, But What About Schaeffer?

I've read with interest your June issue depicting World War II *Saturday Evening Post* efforts ["A Celebration of Peace"]. As usual, the *Post* leans on what sells—Norman Rockwell, America's best-known popularist artist-illustrator, whom I knew personally. The January 1, 1944, *Post* cover of Willie Gillis' girlfriend featured my wife, Lee Schaeffer Goodfellow, Mead Schaeffer's eldest daughter.



Somehow the *Post*, past and currently, is unable to write about Mead Schaeffer and all the other notable illustrators who contributed so much to *The Saturday Evening Post*.

As to World War II, Mead Schaeffer of Arlington, Vermont, at that time did 14 (not 8) *Post* covers, including "The Armed Forces Commemorative Series of WWII" of our men at their moment of action. Ten of these huge canvases are on permanent exhibit at the atrium entrance (open to the public) of the U.S.A.A. Insurance Company in San Antonio, Texas. They have produced a beautiful four-color brochure, which you can obtain from them, of all 14. Two are hanging permanently at the Pentagon. Two, at last word, are in private hands.

Mead Schaeffer was one of the most sought-after illustrators in the U.S. in the late '20s, having illustrated, straight out of Pratt Institute, the first editions of *Moby Dick*, *The Count of Monte Cristo*, *Typee*, *Les Miserables*, and about 12 to 16 pre-1929 Dodd Mead books.

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"The Armed Forces Series" hung in 100 cities on the Bond Drive, having been covers of the *Post*. They hung in the Pentagon and the V.A. Building in Washington for seven years and then returned to his Sea Cliff, New York, post-retirement studio. He died in 1980 at a luncheon at the Illustrators Club in New York City. He was an avid outdoors fisherman and, most of all, a super father-in-law.

Not to take anything away from Norman Rockwell, his dear friend and associate, but you did not do much research outside of riding on Norman's popularity.

Robert A. Goodfellow
Manchester, Vermont

Editor's note: Thanks for letting our readers know about the marvelous Mead Schaeffer, your father-in-law. We have some of his splendid original paintings adorning our walls at The Saturday Evening Post *Illustrators Hall of Fame. Many visitors admire them every year, and I believe Mead Schaeffer enjoyed seeing them when he visited our offices. We would welcome a visit from you and Lee Schaeffer Goodfellow. We meant no slight and shall certainly find an opportunity to print more of Mead Schaeffer's covers for all to enjoy.*

Where's the B-Safe?

I read with much interest your article in the May/June '95 edition of *The Saturday Evening Post* on "Folate's 50th Anniversary."

Concerning the heart-shaped B-Safe pills, I have two questions:

1. I am over 70 years of age and am inquiring if it is necessary to have a doctor's OK to take this type of supplement. I am in good health but felt, after reading your article, that this type of pill would be good insurance, healthwise.

2. Upon inquiring at some drugstores and pharmacies, however, they had not heard of this brand of pills. Can you give me a source to purchase them, or can they be ordered through the mail?

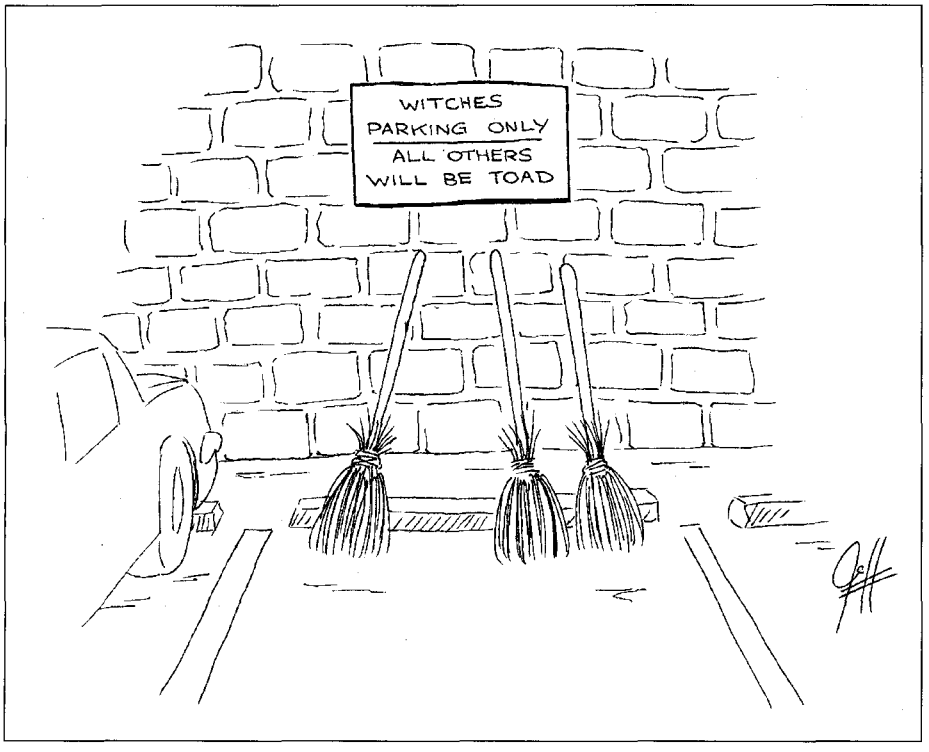
Thank you for any information you may give me.

Marion Vaughan
Glendale, California

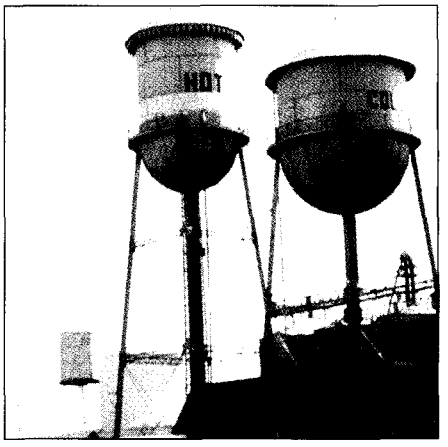
In regards to your article on folate (May/June '95 *Saturday Evening Post*), you mention that the heart-shaped pink "B-Safe" tablets are available. Could you please furnish a supplier's address? The four pharmacies and health food outlets I checked with locally have never heard of this particular combination of folate, B_6, and B_{12} vitamins.

I wish to express my appreciation for your wonderful magazine, especially the helpful "Medical Mailbox" articles!

Y. Rockar
Fairbanks, Alaska



Editor's note: B-Safe tablets are distributed by the Bindley-Western Drug Company of Indianapolis. Ask your pharmacist to order a supply. A prescription is not required. The B-Safe tablets can also be purchased by mail from The American Foundation for Preventive Medicine, P.O. Box 1144, Indianapolis, IN 46206.



No Joke, Friends

In your May/June issue of *The Saturday Evening Post*, you had a joke in "Post Scripts" under the title of "It All Flows Together." A six-year-old child saw two water towers and asked her mother which was hot and cold.

Well, I'm enclosing a picture taken in Pratt, Kansas [above]. You will note that there are two water towers and one is marked hot and the other is marked cold.

Wanda Obrecht
New Hudson, Michigan

Rhetorically Speaking

Thank you for publishing "Let's Hear It For Rhetoric!" by Wen Smith in your May/June 1995 issue. The article addresses Aristotelian Rhetoric.

Rhetoric is the art of using words to affect the judgments of an audience (one or more persons). Aristotle set the highest standards of teaching and practicing rhetoric. Aristotelian Rhetorical Theory is particularly concerned with the quality of ideas and facts and their presentation with persuasive appeals.

Aristotle believed emotional appeals (*pathos*) should be avoided as much as possible. He felt that a person making decisions under the influence of strong emotions was akin to a carpenter measuring with warped instruments.

A good speaker or writer should carefully employ both informal and formal logic (*logos*), a subject of several

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Eventually, Mrs. Eatmon just had to get rid of the old timer.

It happened rather suddenly. After all those years, Mrs.Vanice Eatmon of Knightdale, North Carolina realized one day it couldn't go on like this any longer. Something simply had to be done. Like so many other normal couples, she and her husband had hardly any problems through the years. They'd raised three kids, launched successful careers, worked on their house and done loads of laundry. But it just wasn't working anymore. So she made a phone call to the right people and her little problem was eliminated.

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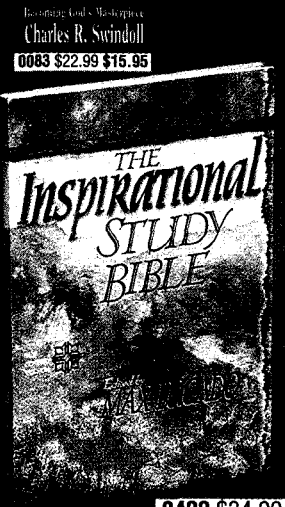

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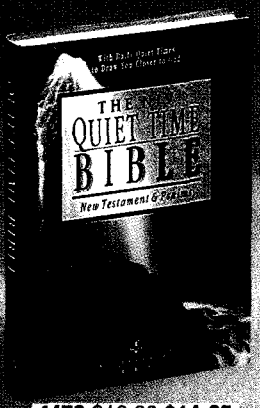

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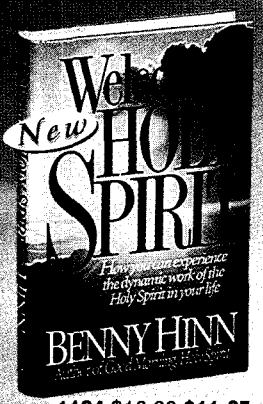

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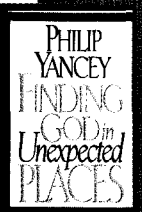

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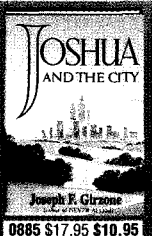

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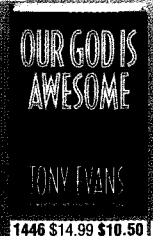

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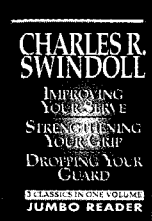

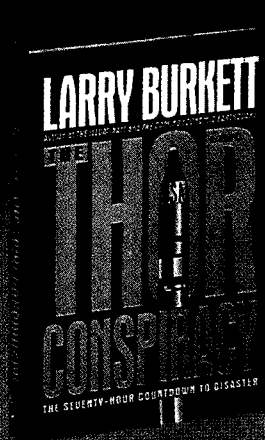

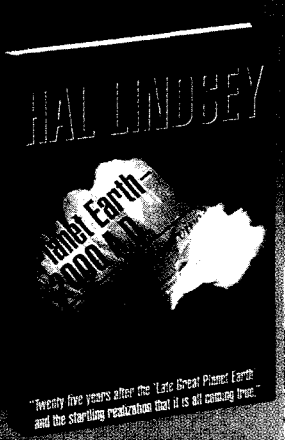
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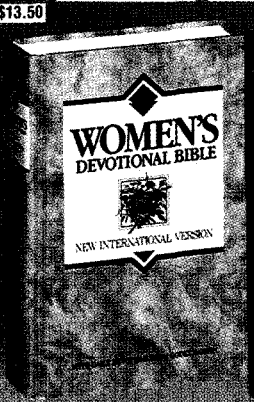

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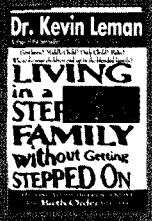

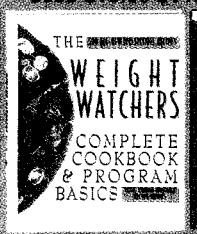

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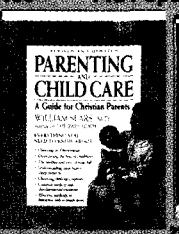

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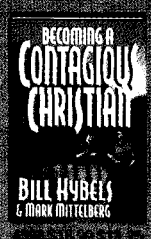

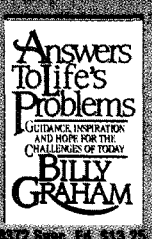

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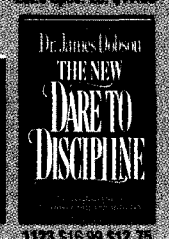

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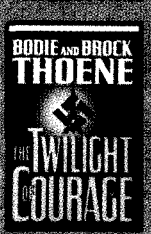

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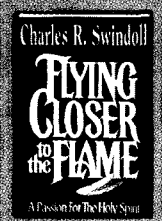

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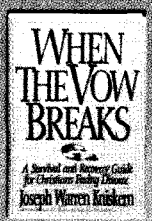

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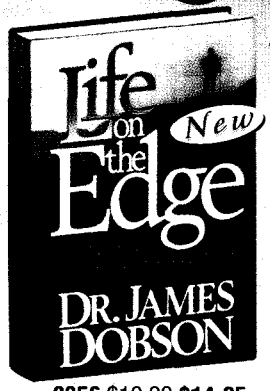

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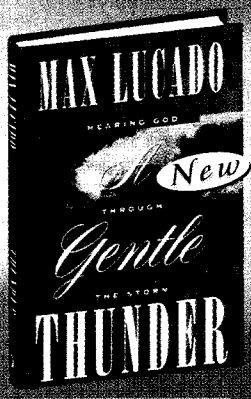

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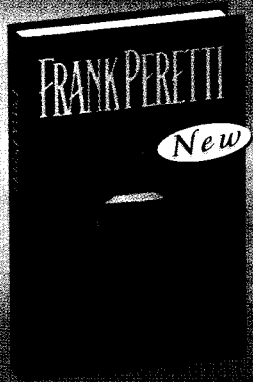

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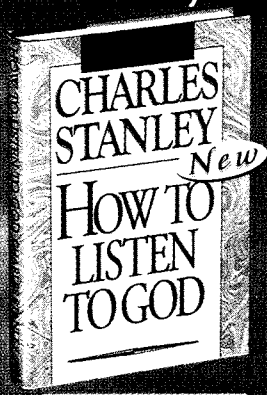

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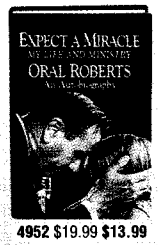

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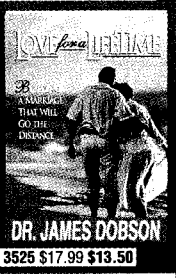

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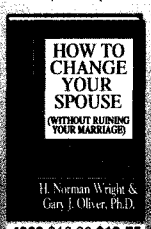

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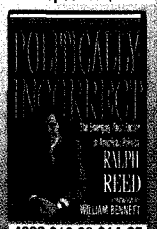

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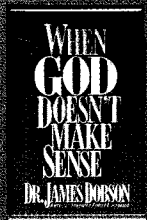

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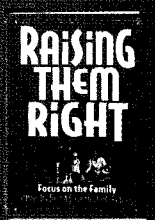

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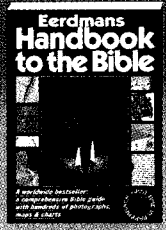

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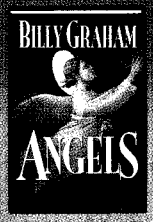

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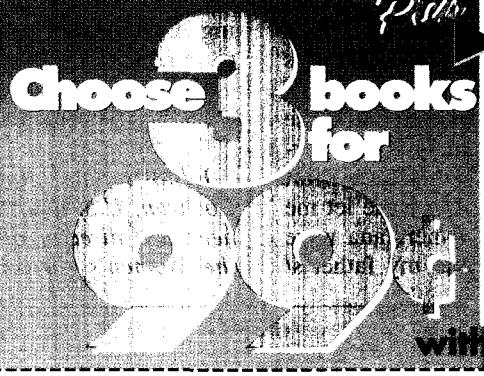

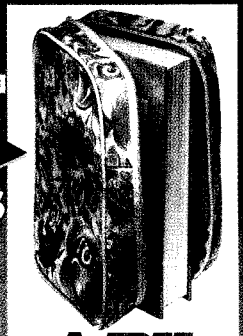

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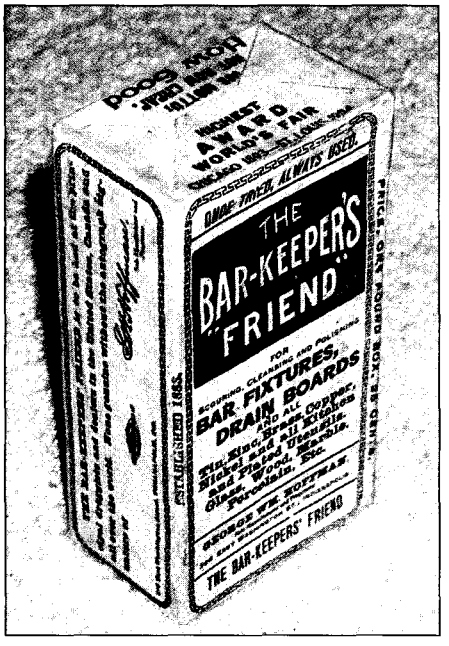
books (such as the *Organon*) by Aristotle. He was concerned about distinguishing valid and true arguments from verbal trickery (sham *enthymemes*), and he wrote extensively about refuting sophistry.

Jerry Baugh
Lincoln, Nebraska



Still a Friend After All These Years

Recently, I came across six boxes of turn-of-the-century "Bar Keeper's Friend" in the process of disposing of my mother's estate. I plan to add these to items to be auctioned soon, but perhaps you know of other potential sources of interest. If so, please let me know. These gems of Americana were unsold merchandise from my father's/grandfather's general merchandise store in Alaska.

Charles W. Ask
Bellevue, Washington

Editor's note: Thank you for sending the picture of vintage Bar Keepers Friend. We would like three boxes for The Saturday Evening Post Museum. A tax-deductible donation would be welcomed! Bar Keepers Friend manufacturers would like one box for their archives. They are sending you a $100 check for one box. Any readers who want to call in their bids before your auction occurs may call Janet Pflum, director of development at The Saturday Evening Post Museum (317-636-8881).

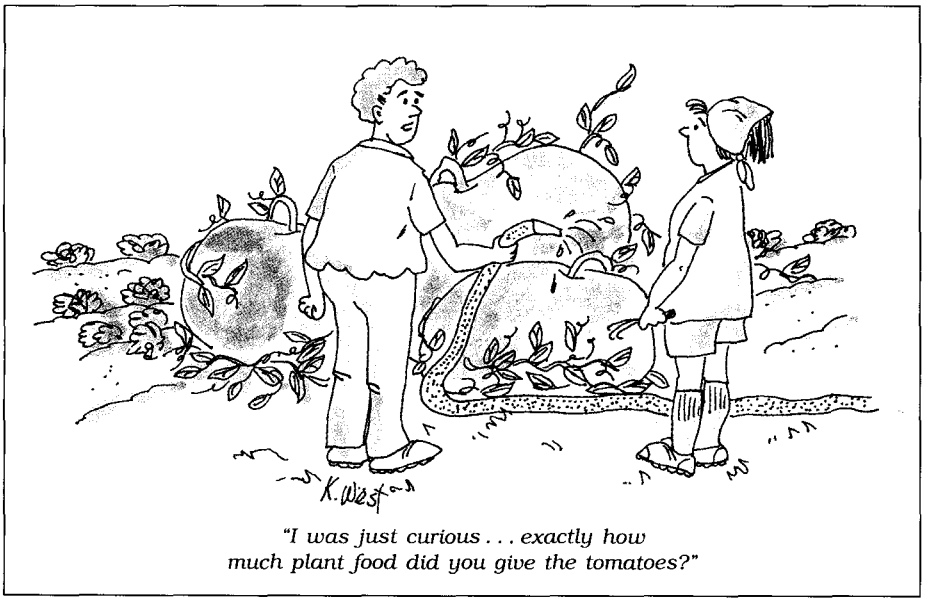
Jacqueline Cochran

I picked up *The Saturday Evening Post* and saw the story you wrote about Miss Jacqueline Cochran ["Remembering the WASPs," May/June '95]. What a wonderful lady. She did all those wonderful things for the country and the U.S.A.F. during the war.

I was stationed in Greenville, South Carolina, training glider pilots when I saw Miss Cochran with a friend and took this picture of her [above] back in 1943. I had this picture pasted in my album, so I would like to send it to her. I don't know where she's living. I know she would like to have it to remember old times.

William "Rip" Scible, Sr.
Morehead City, North Carolina

Editor's note: Jacqueline "Jackie" Cochran, U.S. aviatrix, cosmetics pioneer, and director of women pilots for the Women's Airforce Service Pilots (WASP) program during World War II, died August 9, 1980, at her desert home in Indio, California.



"I was just curious . . . exactly how much plant food did you give the tomatoes?"

Jacqueline Cochran

High Marks for the *Post*

Your magazine has long been noted as one of the principle rocks of American periodicals. In conjunction with a graduate course requirement, I recently reviewed the contents of your May/June '95 issue concerning the portrayal of older, or "prime-time," people. Your publication gets an "A++" grade!

After scouting three newsstands and approximately 90 different publications, yours was the only one that portrayed prime-timers, period. The reason for the "++" rating was, not only did you photograph older individuals (none of the other publications even portrayed them in advertisements), but you depicted the prime-timers in an active, meaningful manner—as quoted experts, subjects of photographs relating to various articles, and as characters in cartoons. Even more importantly, you mingled the images of prime-timers with those of the "beautiful people."

Your magazine left me with a feeling of roots and personal security, a feeling of going home. Hats off to your forward thinking, as the older population is soon to be comprised of "baby-boomers."

Cindy Strehl
Baton Rouge, Louisiana

77 Years of Laughter

I've read *The Saturday Evening Post* since childhood (save the hiatus when you did not publish). Since I was born October 1912—and could read by age 6—that's over 77 years.

Thank you for hours by the hundreds of laughter, tears, and inspiration.

Lois Marie Cox
Pine, Colorado

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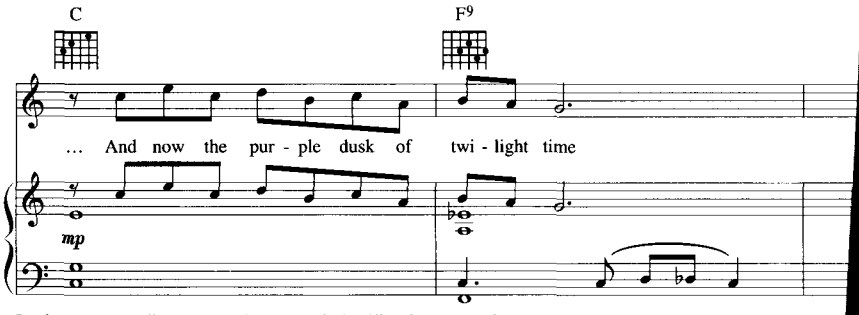

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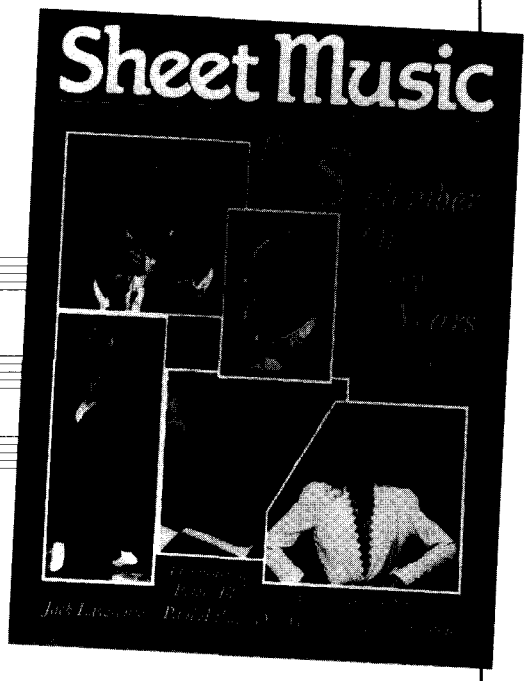

Our songs are Delightful, Delicious and Delovely.

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Post People

Not all Norman Rockwell's models were of the human or animal varieties, ***Peter Rockwell***, one of Norman's three sons, points out. Furniture, as well as lamps, rugs, fabrics, and clocks also posed for the noted artist. Based on the *Post* covers he painted, these background materials have all come together in *The Saturday Evening Post*/ Norman Rockwell Home Furnishings Collection.

Focal point of the collection will be the Four Freedoms Desk "like what my mother always used as a desk," says Peter, pictured here with one of the beautifully-detailed works. Inspired by this famous Rockwell work, Stanley will produce 2,500 of these desks, all numbered, each an instant heirloom.

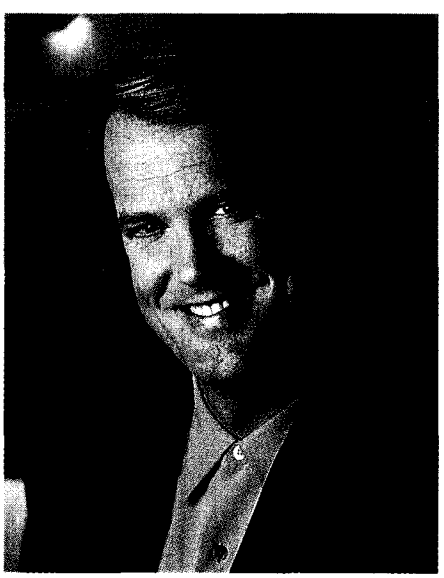
Behind their October introduction at the International Home Furnishings Market in High Point, North Carolina, are Stanley Furniture Company, Carole Fabrics, Ridgeway Clocks, Sedgefield by Adams for lamps, Capel for rugs, and Palecek for accessories.

The collection "should tug at the heartstrings of middle America," says Bill Cubberly of Stanley Furniture. "The collection doesn't have to build name recognition. It already has it."

He refers, of course, to the "well-known American fixture," the 267-year-old *Saturday Evening Post*, founded by Ben Franklin, and the many covers illustrated for the *Post* by Rockwell from 1916 to 1963. ▲

He's the smiling co-host of "Entertainment Tonight," but if the '90s can claim a true Renaissance man, ***John Tesh*** surely has the credentials.

You must have seen the recent PBS special, "John Tesh: Live at Red Rocks"—he at the piano, the Colorado Symphony Orchestra behind him. As the rain poured down, the captivated audience sat spellbound.



This man of many talents also co-hosts the "Hidden Keys to Loving Relationships" infomercial with wife, Connie Sellecca. Chances are, you own one of the 2.3 million albums he has released on his independent label. Then there is the John Tesh Project, which has released *Sax by the Fire* and *Sax on the Beach*, rated number two on the Contemporary Jazz album chart. ▲

How can ***Jinx (Eugenia) Falkenburg McCrary*** possibly claim to be retired? A founder of North Shore University Hospital in Manhasset, New York, where she serves as a trustee, participates in the fight against alcoholism and cerebral palsy, and volunteers as a patient-relation representative, Jinx has still found time to write her autobiography, tour with speaking engagements, and become a nine-handicap golfer.

She began her career after being "discovered" by movie-mogul Sam Goldwyn. The "glamour girl" went on to star in 20 movies and became a favorite cover model—"*The Saturday Evening Post* being one of the best," she says.

After she married New York journalist John "Tex" McCrary, the couple inaugurated "Hi Jinx," a popular radio program that aired for the next 12 years. Dubbed "the first lady of television" by the popular press, she continued her radio programs and newspaper column in the *New York Herald Tribune*. Retired? It might seem so after such a busy and brilliant career. ▲

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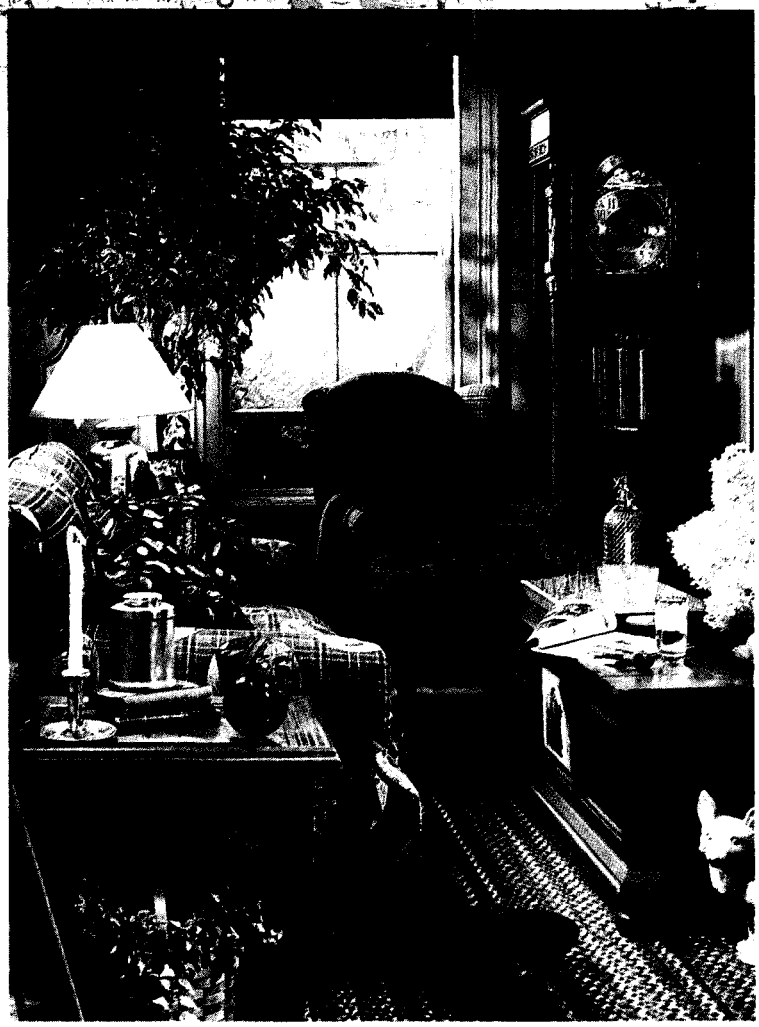
The Saturday Evening Post/Norman Rockwell Home Furnishings Collection

Warm your heart and your home.

Each of the 321 illustrations Norman Rockwell created for The Saturday Evening Post has a special place in the hearts of Americans.

"A Walk In The County," "Rosie The Riveter," "The Four Freedoms," and of course, "Doctor And The Doll." These and many other American symbols are now featured on beautifully crafted home furnishings from Stanley Furniture Company and five other premier American companies.

The collection includes wood and upholstered furniture, lamps, clocks, rugs, accessories, and custom bed and window coverings - all inspired by America's favorite illustrator and crafted with the same attention to detail, character and quality that Rockwell demonstrated in his work.



Now you can fill your home and your heart with America at its best. To receive a free brochure and the location of your nearest retailer offering The Saturday Evening Post/ Norman Rockwell Home Furnishings Collection, please call 1-800-622-1001.

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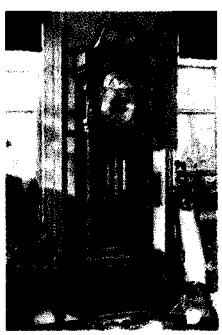

Floor, table and wall clocks by Ridgeway

Lighting Collection from Sedgefield by Adams

Custom window and bed coverings and cut yardage by Carole Fabrics

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GARDENING FOR FITNESS

Planting and mowing can be as thorough a workout as swimming and cycling.

by Carol Krucoff

Illustrated by Don Trawin

My friend Ippy Patterson stopped going to the gym a few months back when she discovered that the gardening she'd been doing at her new country home was providing all the exercise she needed.

"Sawing down trash trees, digging holes, and pitching mulch give you a wonderful aerobic workout and also build upper-body strength," says Patterson, a Hillsborough, North Carolina, artist who'd been a gym regular until she started her landscaping workout. When a recent rainy spell prompted her to go back to the gym, she says, "All those machines that are usually so hard were a breeze."

At a time when fitness professionals are touting the advantages of regular moderate exercise, gardening is being recognized as a healthy lifestyle habit that can provide significant benefits to people of all ages. Studies show that 30 minutes a day of moderate activity, such as gardening, decreases the risk of numerous chronic ailments, including heart disease, stroke, and type II diabetes. In addition to gardening's physical benefits, proponents point to the psychological boost conferred by accomplishing a task and literally taking time to smell the roses.

"Gardening is one of those rare activities that many people enjoy so much, they don't even think of it as exercise," notes exercise physiologist Bryant Stamford, who directs the Health Promotion and Wellness Center at the University of Louisville. But you can burn as much body fat pushing a lawnmower as you can taking aerobics at a health club. "Plus, it's practical," Stamford says. "Busy people who don't want to take time out for an exercise class can work in the yard and feel like they've gotten something done."

Depending on the activity, gardening can be as tough a workout as lifting weights or riding a bike. "It's all a matter of how much energy you expend," says Barbara Ainsworth, an assistant professor of sports science at the University of North Carolina, who recently compiled a comprehensive list of the metabolic equivalents—or METs—of more than 500 physical activities. (A single MET is the amount of energy someone expends sitting quietly, while a 2-MET activity uses twice that much energy.)

In general, gardening tasks like digging, raking, and planting are 4- to 5-MET activities, which make them equivalent to sports such as snorkeling, volleyball, and brisk walking. The toughest gardening workouts include mowing the lawn with a push mower, chopping wood, shoveling, and tilling. At 6 METs, Ainsworth puts these activities on a par with fencing, downhill skiing, softball, and doubles tennis.

But working out in the garden offers a unique chance to interact with the environment unmatched by most sports, says Jeffery P. Restuccio, author of *Fitness the Dynamic Gardening Way* (Balance of Nature Publishing, Cordova, Tennessee). "Gardening is a zen approach to health that gives you exercise, relief from stress, nutritious fruits, and the aesthetic

continued on page 70

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A-1

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FOOD

SPANISH INFLUENCE

A taste for south-of-the-border cuisine doesn't necessarily mean stepping out to the nearest Taco Bell. More Americans are opting for low-fat, homemade Mexican dishes that are tailor-made to individual tastes.

"You worry less if you eat more," reads a Mexican proverb.

For today's healthy consumer, "more" calls for variety, rather than quantity. Fresh tomatoes, red and green peppers, avocados, and chili peppers are first-order ingredients in authentic south-of-the-border favorites. *Post* test kitchens have added to these basics.

We include an authentic *paella*, a Spanish rice dish named after the two-handled iron frying pan in which it is cooked, a tasty Tortilla Rice Soup, and a chilled chicken loaf topped with a creamy, low-fat, yogurt tomato sauce. Vegetable Tacos, stuffed with fresh green bell peppers, tomatoes, garlic, and shredded fat-free cheese, offer a guilt-free alternative to typically high-fat fare. A traditional Mexican party dish of Spanish ancestry, Arroz a la Mexicana is rich and filling, an ideal dish to serve a hungry, appreciative family.

PAELLA MARINERA

PAELLA MARINERA
(Spanish Seafood Paella)

(Makes 10 servings)

½ cup chopped onion
1 tablespoon minced garlic
¼ cup oil
6 ounces shelled and deveined medium-sized shrimp
12 ounces halibut steak, cut in chunks
6 ounces cleaned squid, cut in small bite-size pieces
1 cup chopped fresh tomatoes
3 cups long-grain white rice
3 cups clam juice
5 cups water
¾ cup frozen peas
1½ teaspoons crushed thyme leaves
1 bay leaf
¼ teaspoon saffron
¼ teaspoon ground black pepper
½ cup diced pimientos
1½ dozen small mussels, cleaned
*1 lobster, 2-3 pounds, cut into pieces**

Combine onion and garlic and set aside. In large paella pan or 14" deep skillet, heat oil until hot; add shrimp. Cook, stirring constantly, until barely pink, about 2 minutes; remove to plate using slotted spoon. To skillet add halibut; cook, stirring constantly, until barely cooked, 2-3 minutes; remove to plate using a slotted spoon. To skillet add squid; cook, stirring constantly, until barely opaque, up to 2 minutes. Remove to plate using a slotted spoon; set cooked seafood aside. To skillet add onion mixture; cook, stirring constantly, until crisp-tender about 2 minutes. Add

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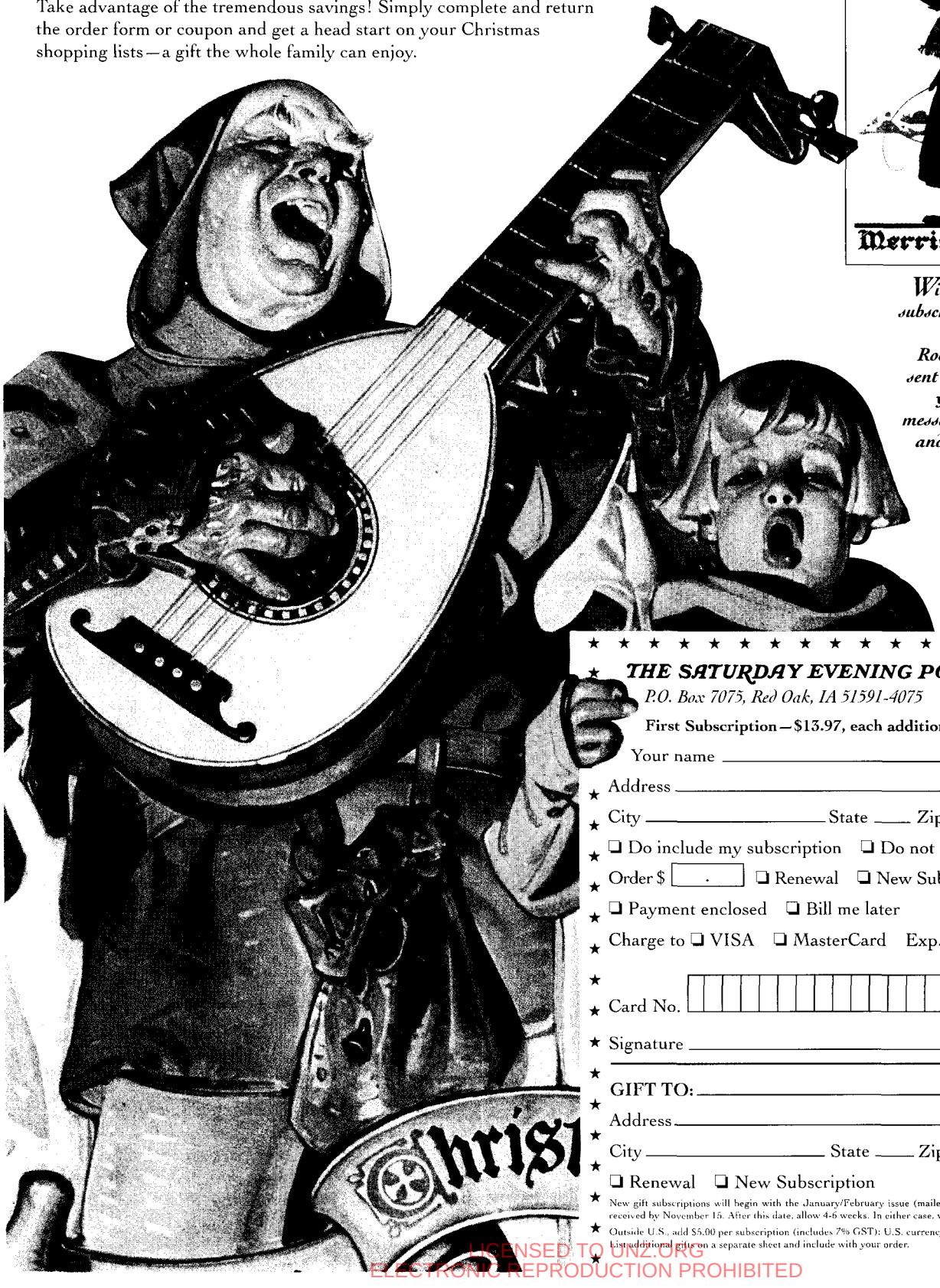

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tomatoes; cook, stirring constantly, until most of the liquid has evaporated, up to 2 minutes. Stir in rice; coat with oil. Add clam juice, water, peas, thyme, bay leaf, saffron, and black pepper; boil, uncovered, stirring occasionally, until rice is nearly tender, 10-15 minutes. Preheat oven to 325° F. Stir in pimientos, mussels, and reserved seafood; arrange imitation lobster pieces on top; bake, uncovered, until rice is tender, 10-15 minutes.

Per Serving (about 1½-2 cups):
Calories: 370 Carbohydrate: 44.0 gm
Cholesterol: 118 mg Protein: 30.0 gm
Sodium: 367 mg Fat: 8.0 gm
Diabetic exchange: 3 bread + 2 medium-fat meat
* Those watching cholesterol may use imitation lobster pieces.

TORTILLA RICE SOUP

(Makes 4 servings)

Vegetable cooking spray
⅓ cup sliced green onions
4 cups low-salt chicken broth
2 cups cooked rice
1 cup diced tomatoes for chili
1 cup cooked chicken breast cubes
¼ cup chopped undrained green chiles
1 tablespoon lime juice
20 tortilla chips (unsalted if desired), crushed
½ cup chopped fresh tomatoes
½ avocado, cut into small cubes
4 lime slices for garnish
Fresh cilantro for garnish

TORTILLA RICE SOUP

Heat Dutch oven or large saucepan coated with cooking spray over medium-high heat until hot. Add onions; cook and stir until tender. Add broth, rice, undrained tomatoes, chicken, and chiles. Reduce heat to low; cover and simmer 20 minutes. Stir in lime juice. Just before serving, pour into soup bowls; top with tortilla chips, chopped tomato, and avocado. Garnish with lime slices and cilantro.

Per Serving (about 2 cups):
Calories: 383 Carbohydrate: 53.3 gm
Cholesterol: 36 mg Protein: 16.0 gm
Sodium: 262 mg Fat: 11.8 gm
Diabetic exchange: 3 bread + 1 vegetable + 1 medium-fat meat + 1 fat

QUESO ASADO

(Makes 4 servings)

4 flour tortillas
8 ounces low-fat Monterey Jack cheese, cut into thick slices

GREEN OLIVE SALSA:
2 garlic cloves, finely chopped
1 onion, finely chopped
3 ripe fresh tomatoes, diced
3 fresh green chili peppers, or *to taste, thinly sliced or coarsely chopped*
¼ cup fresh, coarsely chopped coriander leaves or *mixture of fresh parsley and coriander*
½ cup coarsely chopped pimiento-stuffed green olives
½ teaspoon ground black pepper
½ teaspoon ground cumin
Salt to taste (if desired)
Juice of 1 lime (about ¼ cup)

Lay cheese slices in individual casserole dishes or lump together in large casserole. Allow enough space around each slice for cheese to spread and melt into, until sizzly around edges.

Place cheese on tortilla under hot broiler (grill) until almost completely melted and sizzling.

Meanwhile, make salsa by combining remaining ingredients in bowl. Fold together.

Serve cheese hot, topped with salsa.

Per Serving (1 tortilla):
Calories: 352 Carbohydrate: 39.6 gm
Cholesterol: 30 mg Protein: 21.2 gm
Sodium: 601 mg Fat: 12 gm
Diabetic exchange: 2 bread + 1 vegetable + 1½ medium-fat meat + 1 fat

TAMALE PIE

(Makes 6-8 servings)

2-3 onions, coarsely chopped
3 garlic cloves, chopped
1 green sweet pepper, diced
1 fresh green chili pepper, chopped
1 tablespoon olive oil

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½ teaspoon mild chili powder
1 teaspoon paprika
½ teaspoon ground cumin, or to taste
2 cups fresh or frozen sweet corn
2 cups polenta or yellow cornmeal
1½ cups water or low-salt vegetable broth, plus more if needed
2 cups fresh or canned tomatoes, diced, with juice
8 ounces (2 cup measure) shredded, fat-free sharp cheddar cheese

Preheat oven to 400° F.

Lightly sauté onions, garlic, green sweet pepper, and chili pepper in olive oil until softened.

Sprinkle in chili powder, paprika, and cumin. Cook up to 2 minutes, then add sweet corn, cornmeal, water or broth, and tomatoes. Cook, stirring, over medium heat until mixture thickens and cornmeal is cooked through and no longer grainy (about 30 minutes—exact time will vary depending on your polenta or cornmeal). Add more water if needed to achieve porridge-like consistency.

Pour mixture into 13" x 9" x 2" baking dish sprayed with noncaloric vegetable-based spray. Bake 15-20 minutes. Top with cheese and bake 10 minutes more. Serve immediately, spooned onto plates so each serving has some crusty bottom and melted cheese topping.

Per Serving (6½" x 2"):
Calories: 266 Carbohydrate: 43.6 gm
Cholesterol: 5 mg Protein: 13.7 gm
Sodium: 218 mg Fat: 4.0 gm
Diabetic exchange: 2½ bread + 1 vegetable + 1 lean meat

SPANISH STRATA
(Makes 8 servings)

6 flour tortillas
2 tablespoons margarine
1 cup onion, chopped
1 garlic clove, crushed
2 teaspoons oregano
½ teaspoon chili powder
1 teaspoon ground cumin
2 cups drained kidney beans
¼ cup sliced ripe olives
½ cup pimiento pieces or dried red pepper
¼ cup chopped green chiles
1½ cups shredded, fat-free cheddar cheese
1 cup egg substitute
2 cups skim milk

Cut tortillas into halves. Arrange ½ of them, overlapping, in greased 12" x 8" x 2" baking dish. Melt margarine in skillet over medium heat. Add onion, garlic, oregano, chili powder, and cumin. Cook, stirring occasionally, 2-3 minutes. Remove from heat. Stir in kidney beans, olives, pimiento, and chiles. Spoon ½ mixture over tortillas. Sprinkle with ¾ cup cheese. Add remaining tortilla pieces, bean mixture, and cheese. Beat egg substitute and milk together. Pour evenly over cheese. Bake at 350° 40 minutes, until puffed and golden brown. Let stand 10 minutes before serving.

Per Serving (6" x 2"):
Calories: 260 Carbohydrate: 33.4 gm
Cholesterol: 5 mg Protein: 18.5 gm
Sodium: 442 mg Fat: 4.9 gm
Diabetic exchange: 2 bread + 1 vegetable + 1½ lean meat

PASTEL DE POLLO
(Cold Chicken Loaf)
(Makes 6 servings)

1 large red bell pepper
1 large green bell pepper
½ pound skinless boned chicken breasts
¼ pound skinless boned chicken thighs
¼ cup egg substitute
1 tablespoon all-purpose flour
¼ cup evaporated skim milk
¼ teaspoon ground cumin
⅛ teaspoon freshly grated nutmeg
⅛ teaspoon black pepper
½ teaspoon hot pepper sauce
1 medium garlic clove, minced or crushed through a press
¼ cup thinly sliced scallions
9 whole medium-size pitted ripe black olives

Roast peppers directly under broiler as close to heat as possible, turning with tongs until entirely charred. Place in closed container, twisting top to enclose them, and put in refrigerator 5-10 minutes. Working over colander, peel peppers by rubbing skins away under gently running water. Cut peppers in half lengthwise; remove and discard seeds, ribs, and stems. Keeping red and green peppers separate, cut lengthwise into ½" strips.

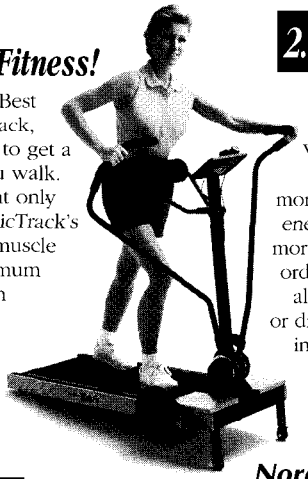
Preheat oven to 350°. Lightly coat medium-sized loaf pan with nonstick vegetable spray. Line pan with aluminum foil so edges overhang the long sides by 1". Spray foil. Choose shallow roasting pan slightly larger than loaf pan to act as water bath.

continued on page 66

Two Things You Won't Get On Your Average Treadmill.

1. Total-Body Cardiovascular Fitness!

The maker of "The World's Best Aerobic Exerciser™," NordicTrack, now introduces the best way to get a total-body workout while you walk. Unlike ordinary treadmills that only target your lower body, NordicTrack's WalkFit™ works every major muscle group in your body for maximum results. The total-body motion increases your metabolism, helps reduce stress, and increases energy to help you maintain a healthy cardiovascular system for a lifetime.



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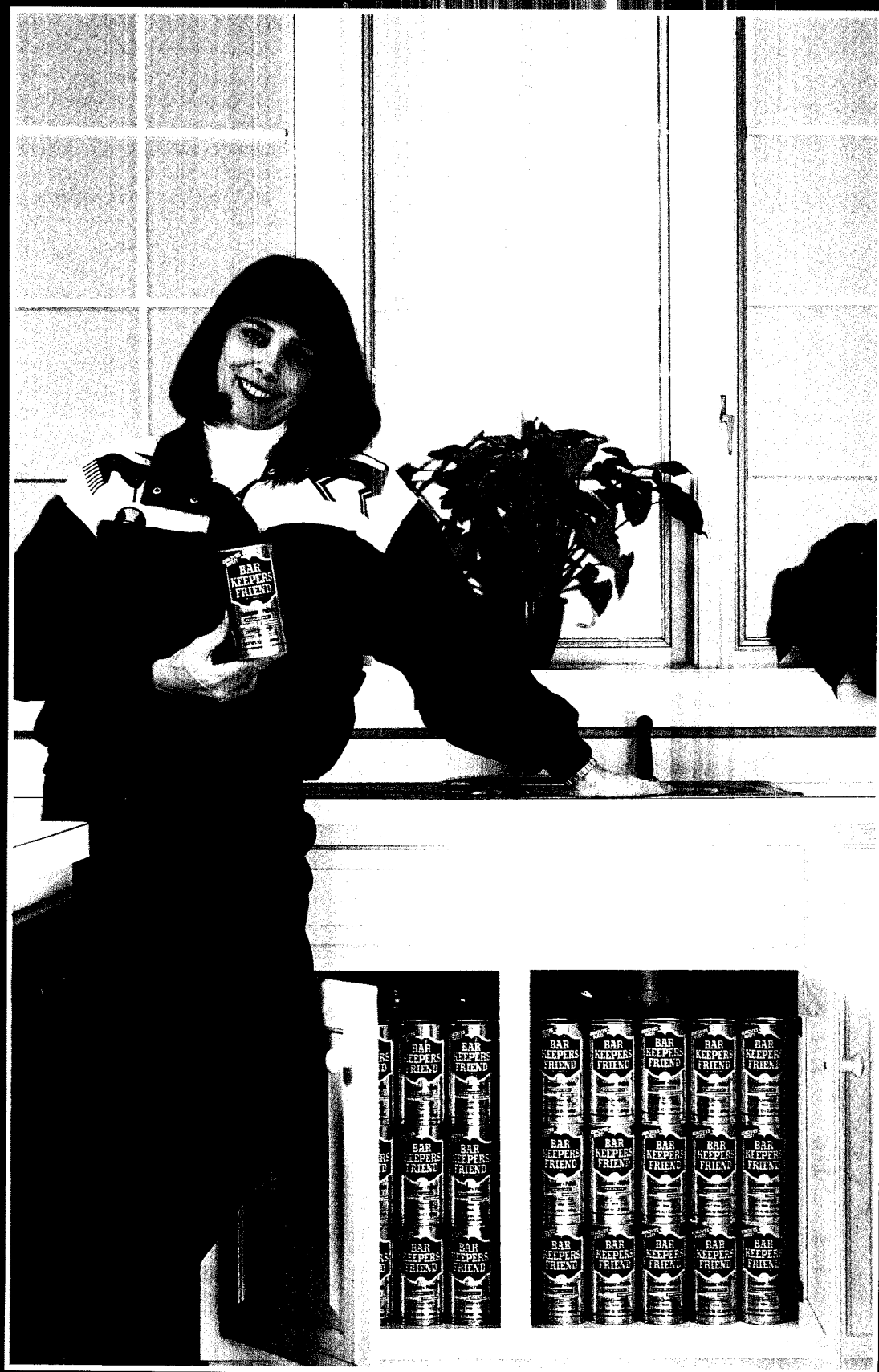
One can does it all

"Bar Keepers Friend replaces everything under the kitchen sink."



I'd rather play tennis than clean. So I use BKF. One can does the work of a dozen cleaning products. It polishes and shines with talcum smoothness. Rust, lime deposits and the toughest stains vanish. Porcelain, tile, marble, chrome, stainless steel, copper, and brass sparkle and shine. It removes tarnish in a flash.

We're not the cheapest; we're the best. BKF is a premium product, but it is actually more economical than the cheaper Comet and Ajax because you don't have to pour it on and then find to your disappointment that your rust stains didn't budge from your sink or clothing.

Try the best. Clip the coupons on the next page. If your grocers don't carry BKF, send us their names, addresses, and phone numbers. *TWO FREE CANS* will be on their way to you. One for you and one for your favorite grocer.

ONE CAN DOES IT ALL

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Try the best! This one's on us.

The Best. It's a bold claim to say that BAR KEEPERS FRIEND® Cleanser & Polish is the best, but when you see your rust and tarnish vanish, when you see your coffee and tea stains disappear like magic, and your lime deposits wash away, you'll love this old product.

That's the good news! The bad news is, once you've latched onto a can of BAR KEEPERS FRIEND and you have used it all up because you loved it so much, you might not be able to find another can where you shop. Then if you're like thousands of other housewives, you'll call the number on our BKF can. You'll say, "Where can I buy BAR KEEPERS FRIEND?" And our overworked receptionist has always looked in her computer to find that you could buy it *forty miles up the road.*

We've decided that's no way to treat a devoted seeker of BAR KEEPERS FRIEND! You see, the Wal-Marts, the Targets, the Sam's Clubs and the A&Ps don't stock BAR KEEPERS FRIEND in all their stores yet. BKF is a premium product that removes rust, cleans more stains and lasts much longer than the cheaper cans of Comet and Ajax. Many people still use Comet and Ajax because they don't know how good BKF is or *they can't find it*!

The solution? So that you will be able to find BKF in all your neighborhood stores, we have a new approach to reaching you. You will get not **one, but two cans** of FREE BAR KEEPERS FRIEND by sending us a letter with the names and addresses of three grocery stores where you haven't been able to find the product. You will then keep one can for your very own kitchen, bathroom, garage, etc. The other can you will carry with you to your favorite grocer who doesn't carry BKF. You needn't tell him how great it is, you'll just ask him to give the FREE can to his wife. She'll make him stock it after she tries it! When his store stocks BKF, what's in it for you? A whole new fistful of FREE coupons for our other products—Shiny Sinks, Copper Glo and Just-In-Time.

How to start? Just cut out the coupons below. If you can't redeem your store coupon at the first three stores you try . . . just mail us their names, addresses, and phone numbers. Enclose both coupons in your letter. Two 12-ounce cans of BAR KEEPERS FRIEND will be on the way to you . . . one for you and one for your favorite grocer.

Send your letter to:
Bar Keepers Friend
P.O. Box 7008
Indianapolis, IN 46207.

FREE

For Your Grocer's Wife

MAIL TO FACTORY | NO EXPIRATION DATE

12-OUNCE CAN OF BAR KEEPERS FRIEND
Cleanser and Polish

If you can't find BAR KEEPERS FRIEND in your area, send both coupons on this page to:
Bar Keepers Friend, P.O. Box 7008,
Indianapolis, IN 46207

Send in the names of three grocers in your area who do not carry Bar Keepers Friend, and you will receive two 12-ounce cans in the return mail. ONE FOR YOU AND ONE FOR YOUR GROCER'S WIFE. When you receive this FREE can, please give it to your grocer. It is to be tried by the wife of the grocer who doesn't have the good fortune yet of pleasing his customers with BKF. His clients will adore him for stocking this blessing of a polish cleanser. If he doesn't know where to order BKF, he can find out in a hurry by calling 1-800-433-5818. CAUTION TO GROCER: Once BKF catches on with your regular customers, they will never let you drop it. It's that good. (This coupon is redeemable by the manufacturer—not redeemable at the store.)

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POST SCRIPTS

Autumn's Refrain

As they scamper off to school
This lovely day in autumn,
I hope my kids recall
What last year's teachers taught 'em!

—Rosemarie Williamson

The *Long* Hauler

I was telling Bridget about an article I'd read about the green turtles that live off the coast of Brazil but breed on Ascension Island in the Central Atlantic.

"Imagine," I told her, "they travel 2,000 miles to mate."

"That's nothing," she said, "My husband's a truckdriver. He does that all the time."

—Colleen Sutherland

It Won't Be a Stylish Marriage

On our bicycle built for two,
You're in front, so
You're blocking my view.
You're much bigger than me,
So consequently,
I only have eyes for you!

—Lee Zimmer

Buried Treasure

The gifts I purchase months ahead
Are hurried home and closeted
And there they're apt to stay,
unfound,
Till JANUARY rolls around.

—Ruth S. Allen

Rocking the Blues Away

Grandpa needs no psychiatrist,
His faulty mind to unlock;
He and his friend solve problems
As they sit on the porch and rock.

—Lillian Parks

Maid to Order

"I have to clean my house," I said.
"But I thought you had a maid."
"I do, but I can't let her see
The awful mess I made."

—Ruth H. Norris

Explosive Issue

For family cars, lay down the law:
"Let station buttons be."
Then rock blasts won't eject us when
We reach to turn the key.

—Ralph Shaffer

"He's going to feel that tomorrow."

Get the Point?

Prescribed medications alone
Often can save a person's life;
Proving that, sometimes, a
doctor's pen
Is mightier than his knife.

—H. L. Brown

Shipped Out

The risotto went gummy;
Steak's hard as plank.
I burned the cooked veggies;
Salad's wilted and dank.
My trifle's too runny—
Whipping cream wouldn't whip.
We're off to the carry-out;
I'm deserting this ship!

—Alice Heard Williams

Laddies' or Ladies' Room?

As increasing forgetfulness hampered his otherwise-healthy father-in-law, a friend proposed a family trip to Scotland, the old man's ancestral home. He felt that travel might not be possible for the old gentleman much longer.

The trip went well and seemed to invigorate his father-in-law's constitution. He regaled the group frequently about tales from his youth in the Highlands. The only signs of his confusion came with frequent miscalculations about which public washroom to use. The family endured more than one episode of embarrassment as Dad was whisked unceremoniously from the women's washroom by more gender-appropriate individuals.

Hoping that they could spare the dignified man from supervised washroom visits, my friend explained the situation to him:

"The picture on the men's washroom shows a person wearing trousers, Dad. That's the one you use. The ladies' facilities shows someone in a dress. You'll have to look carefully at the doors."

"That's where you're wrong, son," Dad asserted. "You're in Scotland now. The laddies wear the kilt."

—Nancy M. Silcox

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I Can See Clearly Now

The lawn and shrubs look neatly
trimmed;
No dents are on my car.
No cobwebs from the ceiling hang;
No spots are on the bar.
My face looks really wrinkle-free;
The furniture without a mar.
No dust has gathered on the
shelves . . .
I wonder where my glasses are.

—L. L. Miller

No More Java Jive!

I'm sure the Hazelnut's superb,
The Cherry Kirsch sounds yummy;
And, in a different mood, Vienna
Cream might tempt my tummy.

The Capucchino Mint? Divine!
And ditto, English Toffee.
But would it be a problem if
I had a cup of . . . Coffee?

—Linda Holt

The Morality of Immortality

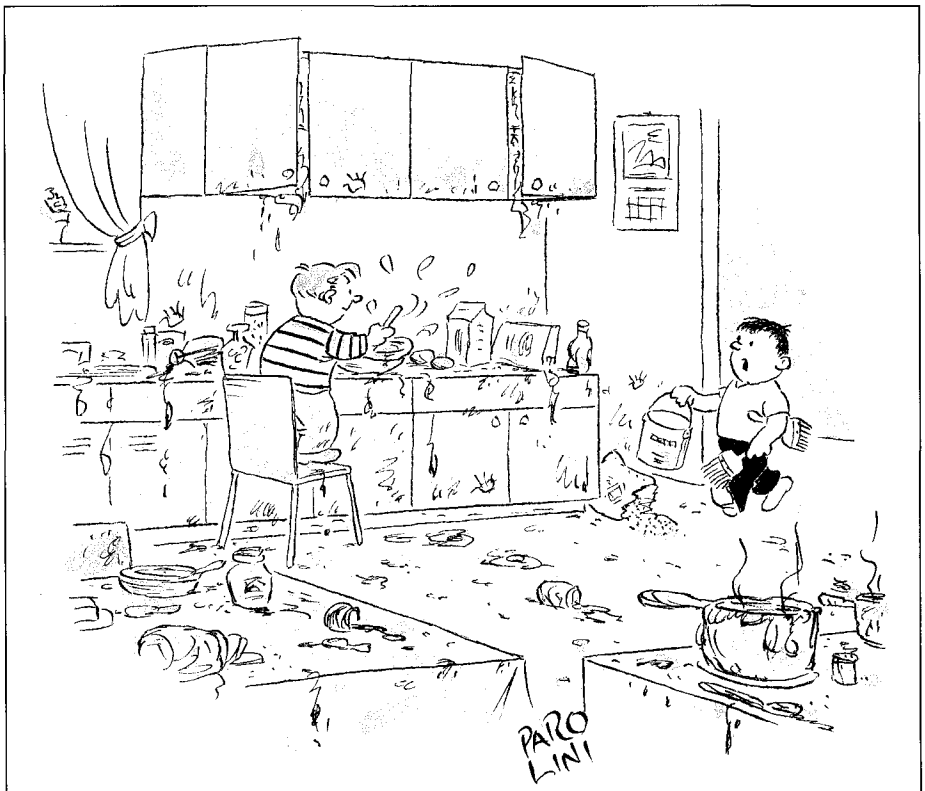
For the time you depart,
Please donate your liver,
Kidney, and heart.
Be an eye-giver.
In God's plan, you'll fit neatly,
Soul blessed and prized,
Though your body's completely
Dis*organ*ized.

—Julian Tatarsky

Calculated Risks

Mathematical precision
Is not the theme of our song.
It's much better to be *almost*
right
Than to be *exactly* wrong.

—Muriel Kovinow



"Instead of cleaning up this mess, let's paint over it."

Crossword Puzzles

I used to do them in pencil;
Now I do them in ink.
They're harder than they used
to be;
I have to stop and think.

—Jacob Levin

Fighting Words!

As the customer in a pizza restaurant finished his dinner, a waitress noticed that he had quite a bit of it left over.

"Do you wanna box for that?" the waitress asked.

"No," the customer replied, "but I'll wrestle you for it."

—Herm Albright

Fish Story

The fish and the hook
Often don't go by the book.
Sometimes it's the happy fate
Of the aquatic vertebrate
To quickly grab the bait
And leave an angler quite irate.

—Eli Cass

Feel Your Oats—And Eat Them, Too!

Movie popcorn
Got the ban.
Now at the movies,
Eat oat bran!

—Shelby Friedman

That's What I *Said*!

Compromise is going halves—and holding on to the notion that it was your decision all along.

—M.J. Iuppa

Fitness Phonetics

I've honed and toned
My buns and thighs
With groans
and moans
and exer-sighs.

—Diane Siebert

TEACHER'S PET PHRASES: A TRANSLATION GUIDE

When They Say:	They Really Mean:
Has a great imagination	Lies like a rug.
Has gained much confidence	Talks back to me now.
Is writing more legibly	I can now read a few words.
Shows independence	Won't listen to a word I say.
Has an expanding vocabulary	Cusses like a drunken sailor.
Has learned to seek out answers	Copies from whomever is nearby.
Is energetic	Won't stay in his seat.
Has developing social skills	Tries to kiss the girls/boys.
Competitive	Beats up the competition.
Keenly analytical	Thinks up mischief like no one else can.
Full of enthusiasm	Can't be still a minute.
The class won't be the same without him/her.	I can't wait 'til this kid moves on to the next grade!

—Doris Hier

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HEARTBEAT

The Healthy Heart Report

TAKING VITAMINS TO HEART

Increasing evidence suggests antioxidants and B vitamins may play vital roles in protecting us from heart disease.

by Ted Kreiter

A growing number of studies show that patients who consume a high antioxidant diet after suffering a heart attack may be less likely to have another attack and more likely to survive. The studies are part of a growing area of research pointing to the key role that vitamins may play in preventing and treating heart disease.

Although researchers know dietary fats and cholesterol are major factors in the development of heart disease, they have also discovered that they are only part of the problem. Heart disease originates on the molecular level with gene mutations and nutrient interactions. It is here that vitamins may play a protective role.

The antioxidant vitamins C, E, and beta carotene help fight free radicals that build up in the body's cells because of biological processes and exposure to common pollutants, causing damage to the heart muscle, blood lipids, and proteins. The B vitamins (B_{12}, B_6, and folic acid), on the other hand, help regulate blood levels of an amino acid called homocysteine that can damage blood vessel walls and lead to plaque buildup. Just who may benefit by increasing these vitamins in their diet and how much of these vitamins are needed to protect people from heart disease are the subjects of ongoing research studies worldwide.

In a recent study at the Heart Research Laboratory of the Medical Hospital and Research Center in Moradabad, India, investigators discovered it's never too late to benefit from antioxidant vitamins, even after you've had a heart attack

One of the severe consequences of a heart attack is the overproduction of free radicals, which leads to myocardial necrosis (death of heart muscle), a process that continues even after the heart attack is over. The more the heart muscle is damaged, the worse the prognosis and the longer the recovery time of the patient. The Indian investigators showed that by increasing antioxidants in the diets of recent heart attack patients, they could lower several key indicators of heart muscle and lipid damage. Using more than 400 patients admitted to the hospital for myocardial infarction or angina pectoris, they assigned patients randomly to one of two groups. Both groups received the same medications and were placed on a low-fat diet. One group, however, received at least 400 grams per day of fruits, vegetables, and nuts rich in antioxidant vitamins.

Dr. Rima Rozen and colleagues at McGill University in Montreal recently discovered a genetic mutation that causes homocysteine buildup in the body. A test for the mutated gene can now tell people if they are at risk for heart disease because of high homocysteine levels.

After seven days, investigators found that the antioxidant group members' levels of heart disease indicators were significantly lower than those in the control group. They concluded that foods rich in vitamin C, and possibly other antioxidant vitamins, should be provided to patients with acute myocardial infarction to prevent free-radical overproduction and resulting heart damage. Their results were published in the July 1995 *Journal of the American Dietetic Association.*

In the Indian study, 500 mg per day of vitamin C appeared to be beneficial in heart attack recovery. In his recent book, *Antioxidant Revolution,* Dr. Kenneth H. Cooper, founder of the Cooper Clinic, recommends much higher daily levels of vitamin C and other antioxidants for protection from free radicals that lead to heart disease. Those who regularly exercise, especially athletes, need large doses of antioxidants to counter free radicals that build up during physical activity, Dr. Cooper says. His own antioxidant regimen contains a minimum of 400 IU vitamin E, 1,000 mg vitamin C, and 25,000 IU beta carotene daily. "When I am scheduled for a heavy physical workout, I increase those amounts accordingly," Dr. Cooper says.

The growing evidence for the

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Brief Summary of
Prescribing Information as of January 1995

CARDIZEM® CD
(diltiazem HCl)
Capsules

CONTRAINDICATIONS
CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, (3) patients with hypotension (less than 90 mm Hg systolic), (4) patients who have demonstrated hypersensitivity to the drug, and (5) patients with acute myocardial infarction and pulmonary congestion documented by x-ray on admission.

WARNINGS
1. **Cardiac Conduction**. CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (13 of 3290 patients or 0.40%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.
2. **Congestive Heart Failure**. Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt). An acute study of oral diltiazem in patients with impaired ventricular function (ejection fraction 24% ± 6%) showed improvement in indices of ventricular function without significant decrease in contractile function (dp/dt). Worsening of congestive heart failure has been reported in patients with preexisting impairment of ventricular function. Experience with the use of CARDIZEM (diltiazem hydrochloride) in combination with beta-blockers in patients with impaired ventricular function is limited. Caution should be exercised when using this combination.
3. **Hypotension**. Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.
4. **Acute Hepatic Injury**. Mild elevations of transaminases with and without concomitant elevation in alkaline phosphatase and bilirubin have been observed in clinical studies. Such elevations were usually transient and frequently resolved even with continued diltiazem treatment. In rare instances, significant elevations in enzymes such as alkaline phosphatase, LDH, SGOT, SGPT, and other phenomena consistent with acute hepatic injury have been noted. These reactions tended to occur early after therapy initiation (1 to 8 weeks) and have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in some cases, but probable in some. (See PRECAUTIONS.)

PRECAUTIONS
General
CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any drug given over prolonged periods, laboratory parameters of renal and hepatic function should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing.
Dermatological events (see ADVERSE REACTIONS section) may be transient and may disappear despite continued use of CARDIZEM. However, skin eruptions progressing to erythema multiforme and/or exfoliative dermatitis have also been infrequently reported. Should a dermatologic reaction persist, the drug should be discontinued.

Drug Interactions
Due to the potential for additive effects, caution and careful titration are warranted in patients receiving CARDIZEM concomitantly with other agents known to affect cardiac contractility and/or conduction. (See WARNINGS.) Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)
As with all drugs, care should be exercised when treating patients with multiple medications. CARDIZEM undergoes biotransformation by cytochrome P-450 mixed function oxidase. Coadministration of CARDIZEM with other agents which follow the same route of biotransformation may result in the competitive inhibition of metabolism. Especially in patients with renal and/or hepatic impairment, dosages of similarly metabolized drugs, particularly those of low therapeutic ratio, may require adjustment when starting or stopping concomitantly administered diltiazem to maintain optimum therapeutic blood levels.
Beta-blockers. Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers is usually well tolerated, but available data are not sufficient to predict the effects of concomitant treatment in patients with left ventricular dysfunction or cardiac conduction abnormalities.
Administration of CARDIZEM (diltiazem hydrochloride) concomitantly with propranolol in five normal volunteers resulted in increased propranolol levels in all subjects and bioavailability of propranolol was increased approximately 50%. In vitro, propranolol appears to be displaced from its binding sites by diltiazem. If combination therapy is initiated or withdrawn in conjunction with propranolol, an adjustment in the propranolol dose may be warranted. (See WARNINGS.)
Cimetidine. A study in six healthy volunteers has shown a significant increase in peak diltiazem plasma levels (58%) and area-under-the-curve (53%) after a 1-week course of cimetidine at 1200 mg per day and a single dose of diltiazem 60 mg. Ranitidine produced smaller, nonsignificant increases. The effect may be mediated by cimetidine's known inhibition of hepatic cytochrome P-450, the enzyme system responsible for the first-pass metabolism of diltiazem. Patients currently receiving diltiazem therapy should be carefully monitored for a change in pharmacological effect when initiating and discontinuing therapy with cimetidine. An adjustment in the diltiazem dose may be warranted.
Digitalis. Administration of CARDIZEM with digoxin in 24 healthy male subjects increased plasma digoxin concentrations approximately 20%. Another investigator found no increase in digoxin levels in 12 patients with coronary artery disease. Since there have been conflicting results regarding the effect of digoxin levels, it is recommended that digoxin levels be monitored when initiating, adjusting, and discontinuing CARDIZEM therapy to avoid possible over- or under-digitalization. (See WARNINGS.)
Anesthetics. The depression of cardiac contractility, conductivity, and automaticity as well as the vascular dilation associated with anesthetics may be potentiated by calcium channel blockers. When used concomitantly, anesthetics and calcium blockers should be titrated carefully.
Cyclosporine. A pharmacokinetic interaction between diltiazem and cyclosporine has been observed during studies involving renal and cardiac transplant patients. In renal and cardiac transplant recipients, a reduction of cyclosporine dose ranging from 15% to 48% was necessary to maintain cyclosporine trough concentrations similar to those seen prior to the addition of diltiazem. If these agents are to be administered concurrently, cyclosporine concentrations should be monitored, especially when diltiazem therapy is initiated, adjusted, or discontinued. The effect of cyclosporine on diltiazem plasma concentrations has not been evaluated.
Carbamazepine. Concomitant administration of diltiazem with carbamazepine has been reported to result in elevated serum levels of carbamazepine (40% to 72% increase), resulting in toxicity in some cases. Patients receiving these drugs concurrently should be monitored for a potential drug interaction.

Carcinogenesis, Mutagenesis, Impairment of Fertility
A 24-month study in rats at oral dosage levels of up to 100 mg/kg/day and a 21-month study in mice at oral dosage levels of up to 30 mg/kg/day showed no evidence of carcinogenicity. There was also no mutagenic response in vitro or in vivo in mammalian cell assays or in vitro in bacteria. No evidence of impaired fertility was observed in a study performed in male and female rats at oral dosages of up to 100 mg/kg/day.

Pregnancy
Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was an increased incidence of stillbirths at doses of 20 times the human dose or greater.
There are no well-controlled studies in pregnant women; therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers
Diltiazem is excreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted.

Pediatric Use
Safety and effectiveness in pediatric patients have not been established.

ADVERSE REACTIONS
Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded from these studies.
The following table presents the most common adverse reactions reported in placebo-controlled angina and hypertension trials in patients receiving CARDIZEM CD up to 360 mg with rates in placebo patients shown for comparison.

CARDIZEM CD Capsule Placebo-Controlled Angina and Hypertension Trials Combined

Adverse Reactions	Cardizem CD (n=607)	Placebo (n=301)
Headache	5.4%	5.0%
Dizziness	3.0%	3.0%
Bradycardia	3.3%	1.3%
AV Block First Degree	3.3%	0.0%
Edema	2.6%	1.3%
ECG Abnormality	1.6%	2.3%
Asthenia	1.8%	1.7%

In clinical trials of CARDIZEM CD capsules, CARDIZEM tablets, and CARDIZEM SR capsules involving over 3200 patients, the most common events (ie, greater than 1%) were edema (4.6%), headache (4.6%), dizziness (3.5%), asthenia (2.6%), first-degree AV block (2.4%), bradycardia (1.7%), flushing (1.4%), nausea (1.4%), and rash (1.2%).
In addition, the following events were reported infrequently (less than 1%) in angina or hypertension trials:
Cardiovascular: Angina, arrhythmia, AV block (second- or third-degree), bundle branch block, congestive heart failure, ECG abnormalities, hypotension, palpitations, syncope, tachycardia, ventricular extrasystoles
Nervous System: Abnormal dreams, amnesia, depression, gait abnormality, hallucinations, insomnia, nervousness, paresthesia, personality change, somnolence, tinnitus, tremor
Gastrointestinal: Anorexia, constipation, diarrhea, dry mouth, dysgeusia, dyspepsia, mild elevations of SGOT, SGPT, LDH, and alkaline phosphatase (see hepatic warnings), thirst, vomiting, weight increase
Dermatological: Petechiae, photosensitivity, pruritus, urticaria
Other: Amblyopia, CPK increase, dyspnea, epistaxis, eye irritation, hyperglycemia, hyperuricemia, impotence, muscle cramps, nasal congestion, nocturia, osteoarticular pain, polyuria, sexual difficulties
The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: alopecia, erythema multiforme, exfoliative dermatitis, extrapyramidal symptoms, gingival hyperplasia, hemolytic anemia, increased bleeding time, leukopenia, purpura, retinopathy, and thrombocytopenia. In addition, events such as myocardial infarction have been observed which are not readily distinguishable from the natural history of the disease in these patients. A number of well-documented cases of generalized rash, characterized as leukocytoclastic vasculitis, have been reported. However, a definitive cause and effect relationship between these events and CARDIZEM therapy is yet to be established.

Prescribing Information as of January 1995

Marion Merrell Dow Inc.
Kansas City, MO 64114

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therapeutic value of vitamin C and other antioxidant vitamins supports the predictions of Dr. Linus Pauling, who began advocating antioxidant vitamin supplementation more than 20 years ago.

B Vitamins

The role of B vitamins and homocysteine in heart disease made headlines less than a year ago when Tufts University researchers announced that folic acid, B_{12}, and B_6 may help protect people from heart disease. The study brought to light a little-known amino acid called homocysteine that may be an important new heart disease risk factor as significant as blood cholesterol.

In a recent development, a research team at McGill University in Montreal discovered a genetic mutation that leads to homocysteine buildup in the body. A test for the mutated gene will now tell people if they are at risk for heart disease because of high homocysteine levels.

"One of the interesting aspects of this new finding is that the mutation is relatively common, since approximately 35 percent of individuals carry it," says the study's director, Dr. Rima Rozen. However, she adds, "It is the approximately 10 percent of the North American population who have two copies of this mutation [one from the mother and one from the father] who are considered to be at risk." In the study, researchers found those carrying two gene mutations had approximately double the plasma homocysteine levels of those who had one or no gene mutation. Normal homocysteine levels were approximately 12 to 13 μM (micromoles per liter), while some of the elevated ones were approximately 22 to 24.

"We all have genetic changes which predispose us to various kinds of problems," Dr. Rozen says. "Fortunately, we think that this particular genetic mutation might be easily treatable. It might be particularly important for the individuals who have this genetic change to make sure they have the proper diet or possibly vitamin supplementation. This is actually one of the milder genetic problems that one can get because it's so easily treatable."

Research suggests that 400 micrograms per day of folic acid may be protective against high homocysteine levels.

When Dr. Rozen tested herself and her close relatives for the gene

continued on page 78

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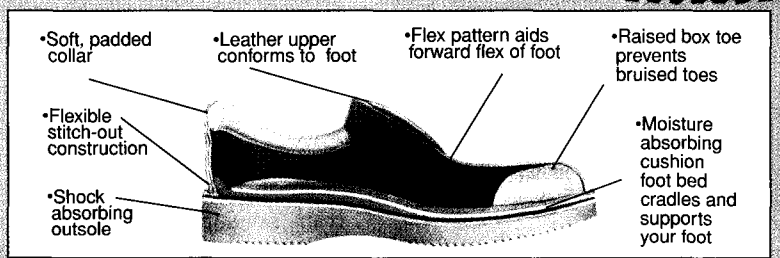
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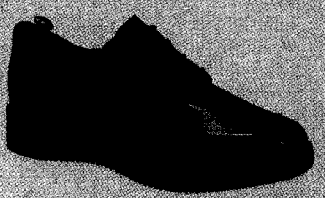

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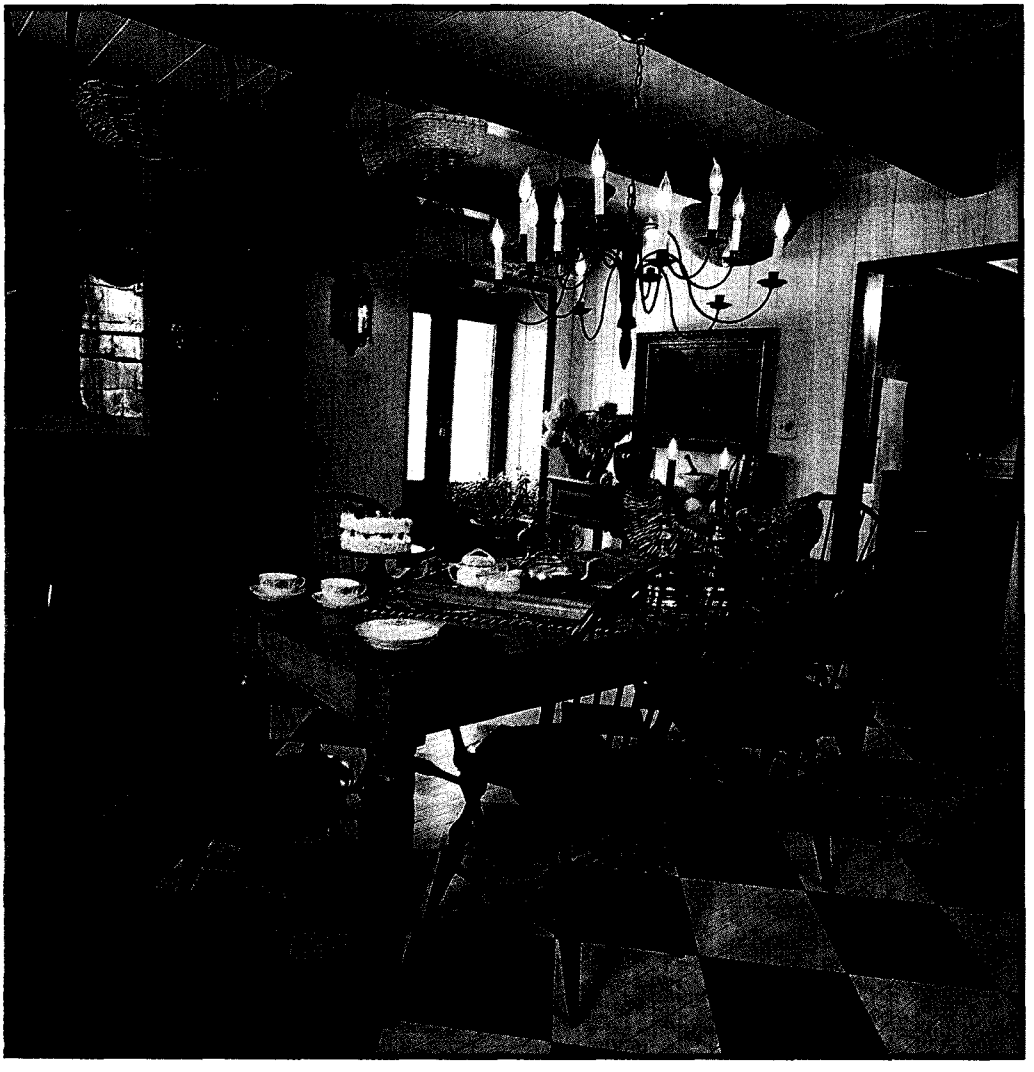
WHAT'S NEW UNDERFOOT?

In colonial days, frugal early Americans painted designs on their wooden floors in lieu of expensive carpets. Today, their colorful ideas are making a comeback in homes around the country.

Painted floors have a long and varied history. Today, they are enjoying widespread popularity due to the durability of modern paints and finishes and a trend toward the use of handcrafted details to add richness and variety to the home. Painting a floor is a wonderful way to individualize a room or to add an element of surprise that turns an ordinary room into a showcase.

A painted floor is suitable for almost any type of room. It adds interest and excitement to a small room that might otherwise feel dull. In a formal dining room or living room, a painted floor helps to coordinate a strict design. An informal garden room, which may already feel sunny and bright, is even more vibrant with a painted floor. A painted floor adds liveliness and fun to family and playrooms. In a bedroom, it can be used to create a tone of romance, childlike fantasy, or personal motif. It adds art and color to a bathroom and helps to carry out the design theme of a kitchen. A painted entrance floor is a dramatic introduction to any home.



A little bit of paint and a grand design can turn an ordinary wood floor into a designer's showcase, as in this 18th-century-style dining room.

The range of styles and techniques here is almost endless. It includes simply painting the floor with a single color, embellishing it with a simple scene or emblem, creating surface illusions through the use of special techniques, and painting an elaborate trompe l'oeil design. If the room is decorated in a country style, paint a quilt or a needlepoint motif in the middle of the floor, or stencil a border of farm animals around the edge. For a lighter, fresher, more elegant country style, paint a floral bouquet or border on a light-colored floor. If the style is more formal, paint a restrained but richly detailed geometric pattern on the floor to simulate inlaid wood or tiles, or paint a faux finish to mimic marble or richly grained wood. If the style is contemporary, use bold geometric patterns or abstract designs. Comb painting and spatter painting are two techniques that work well for such rooms.

Painted designs can also be specific to the type of room in which they are used. Game boards can be painted on the floor of a recreation room. A woven runner can be painted down the center of a hall. If you plan to paint the floor yourself, choose a design that is well within your artistic ability. The easiest choice is probably to paint using a stencil or to copy the pattern of the wall covering and transfer it to the floor. Otherwise, ask an interior designer for the names of painters who specialize in the kind of work that you want done. Kits are also available from art suppliers for producing special effects, such as faux marble, faux granite, or wood grain.

To Begin

Finishing a new or newly stripped wood floor is a multistep process. Floors must be properly prepared, sealed, colored, and coated. Some products take care of two steps at once. For example, some sealers contain colorants that stain the floor while closing the pores of the wood. If you are painting the floor, the priming coat will seal the floor. Whatever product you use to color and seal the floor, finish the surface by coating the entire floor with a plastic coat that will permanently protect it.

A wood floor must be structurally sound, with adequate joist support so that the boards do not flex or sag. Secure any loose boards with nails

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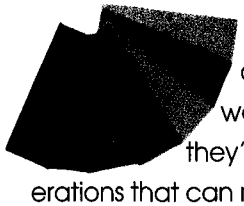

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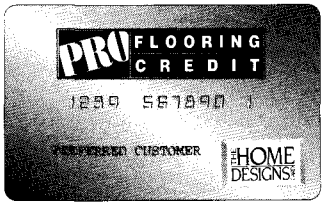

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or screws. Fill holes and any cracks wider than 1/16 inch with a floor-patching compound that can be sanded smooth after drying, such as latex-Portland cement or wood filler. If any boards are cupped, sand them level or force them down with screws. Countersink the screw heads and fill the holes with patching compound. Uneven joints, which are caused by boards of different thicknesses, should be sanded level.

Sand the entire floor to bare wood. Sanding removes any wax or other finishes that might prevent the paint from adhering properly, and it makes the floor smooth and level. Don't try to get the floor absolutely flawless. Paint can solve flooring problems better than most other materials, provided the floor is structurally sound, clean, and dry. Imperfections in the flooring, such as knots or thin cracks, actually add charm, as long as they do not interfere with a painted design.

Vacuum the floor thoroughly and wipe it with a tack rag. Then paint it with one coat of high-quality, oil-based, exterior-grade primer.

Choosing the Paint

For the finish coats, ordinary oil-based enamels and latex paints are the most readily available and offer the widest choice of colors. In general, oil-based paints create a harder film than latex. They also tend to be more forgiving of a poorly prepared surface in that they cover up most dirt and loose residue. Latex paints create a tougher, more resilient film and, because they breathe, are more suitable in damp locations, such as basements or concrete slabs.

More specialized paints are also available from many dealers. Most manufacturers offer porch and floor paints, which are either alkyd or modified epoxy latex. The color selection is not as wide as it is for ordinary paints, but the dealer may be able to custom-mix a special color. Another durable paint is industrial enamel, which is not always available to homeowners. These enamels are tough, but they have a high gloss and tend to be slippery. Porcelain-epoxy paints are also excellent, and some of the lighter colors are available in a satin finish.

Stains, used only on wood floors, add color while allowing the grain of the wood to show. Stains are available in wood hues and in a variety of colors. The effect of coloring a wood floor with a colored stain is called pickling. Pickling stains are simply thinned paint and are applied in the same manner as regular paint.

Applying the Sealer

The purpose of a sealer is to close the pores of the floor. Sealers can be clear, tinted in wood hues, or even colored. Remove excess sealer that does not penetrate the wood, or it will

Floor Finishes For Wood

Because there are so many different sealers and finishes, making a choice can be difficult. You should consider appearance, ease of applications, wear, stain resistance, facing, maintenance, and conformance to air-quality regulations. Go to a hardware store and look at the effects of various products on samples of the kind of wood you have on your floor. Read the labels to determine how to apply the finish and whether it will give you the performance you want. You may want to test the effect on an inconspicuous spot, perhaps inside a closet. The different types of sealers and finishes and their characteristics are listed below.

Penetrants

Penetrating products are absorbed into the wood and seal the pores of the grain against moisture and dirt. They include a variety of sealers, stains, and oils. Some penetrants can serve as the final finish coat, but most of them must be covered with a more durable surface finish.

Plastic sealers are commonly used on wood floors over a coloring coat. They are easy to apply, and many can simply be waxed over.

Tung* and *linseed oils are readily absorbed by wood and provide a soft, natural finish. Some contain color stain as well. They are easy to apply and can easily be touched up by rubbing more oil on the floor with a soft cloth. Oil finishes do not last long, and they may attract dust and dirt. Oils are not compatible with most other finishes—once you have an oiled floor, you will have to stick with it. They can be waxed with a compatible paste wax once the oil has been absorbed into the wood.

Stains add color or tone to wood while allowing the natural grain to show. A regular stain is not a finish coat, and the floor must still be sealed, oiled, waxed, or otherwise finished with a compatible product. Test the effect of the finishing coat on the color; some sealers will change the tone of the stain. Pickling stains are a mixture of paint and paint thinner. Consult the product label for application instructions.

Stain-sealers add color or tone to the wood and semiseal it at the same time. Some provide a matte finish coat. Others must be covered with a compatible surface finish (check manufacturer's instructions) and waxed and buffed. Stain-sealers are easy to apply.

Surface Finishes

Shellac, varnish, lacquer, polyurethane, and other plastic finishes provide a hard, protective, permanent surface over color stains, paints, and sealers. They have different characteristics, but each has certain qualities to recommend it in terms of durability, renewability, and the particular finished look it gives.

Shellac finishes are durable, though they do show scratches. Shellac goes on easily, spreads evenly, and dries quickly. It seals the pores of the wood, and it can be touched up. However, shellac resists water, heat, and alcohol poorly, and tends to have a short container life.

Varnish dries hard, withstands moisture, and can be rubbed or buffed to a high gloss. However, it is easily damaged by heat. It should be applied when the room is warm (about 70° F). Except for fast-dry varieties, it dries slowly. Thin the first coat by 25 percent, then use it full strength for subsequent coats. Sand between coats.

Lacquer is a quick-drying, heat-proof, water-resistant finish that can be rubbed to a matte or glossy luster. Lacquer can be sprayed on or applied by brush.

Polyurethane is a hard, clear, durable plastic finish that is impervious to water, alcohol, chemicals, and heat. Under normal-to-heavy traffic and wear, it will resist chipping or cracking. Because of air-quality regulations, waterborne urethanes are becoming more popular than the oil-modified types. Both are fairly easy to apply. The oil types dry slowly, especially if humidity is high. The waterborne types dry more quickly, but may need more coats.

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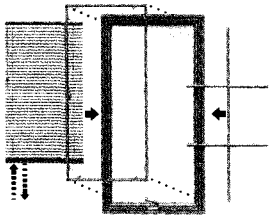

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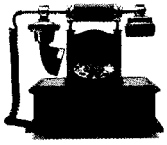

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splotch the surface.

Read the manufacturer's instructions for applying a sealer. Test a scrap of wood or a spot in the back of a closet to see how many coats and how much drying time between coats give the best results. A sheepskin applicator will spread the sealer evenly without foaming it into bubbles. If you prefer to use rags, wear rubber gloves. Apply sealer sparingly and wipe away any residue after 10 to 15 minutes.

After the sealer dries, buff it with #2/0 fine steel wool. If the room is small, simply wrap the steel wool around a padded two-by-four and buff by hand. For a large room, rent a machine. A buffing machine requires a steady hand to operate. Start in the middle of the room to avoid banging into walls until you get used to it. It will probably be necessary to change the pads once or twice, since they clog up quickly. Do the corners by hand with a scrap of steel wool. After buffing, remove the dust with a vacuum and a tack rag.

Applying the Paint

To put color on a floor, apply stain or paint. It's a good idea to do this on the day that the floor receives its final cleaning, so that it won't get dirty or absorb moisture out of the air.

Single Color

Painting your floor a single color is a relatively easy project, usually easier than painting ceilings and walls. The most demanding and important part of the job is preparing the floor surface. Allow at least a full day for preparation, more if scrubbing and drying must be repeated.

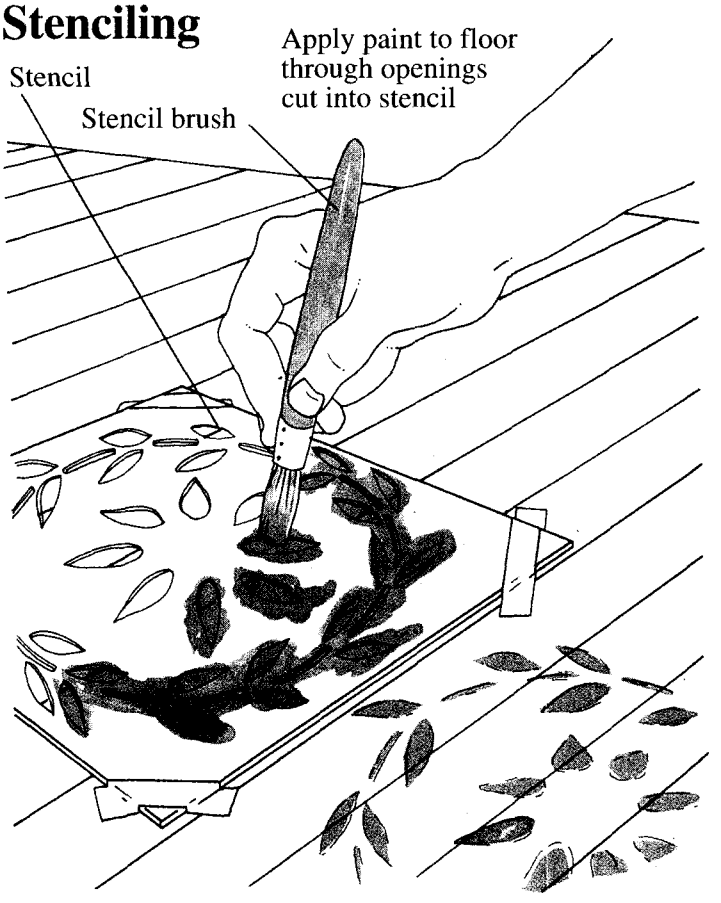
Close doors or seal off doorways to the rest of the house to prevent odors and fumes from spreading, especially when using oil-based paints (follow the manufacturer's instructions for safe use). Open all the windows in the room you are painting and turn on any exhaust fans that serve the room.

Start painting around the edge of the floor next to the baseboards with a medium-sized brush (2½ to 3 inches), not a roller; a roller can leave floor paint on the baseboards. Then paint the rest of the floor. The easiest way is to use a roller with an extension handle, but for a floor that has grooves between the boards or rough floor boards, you may have to use a brush to ensure even coverage. In either case, spread the paint evenly and work the new paint back into previously painted sections as you progress across the floor.

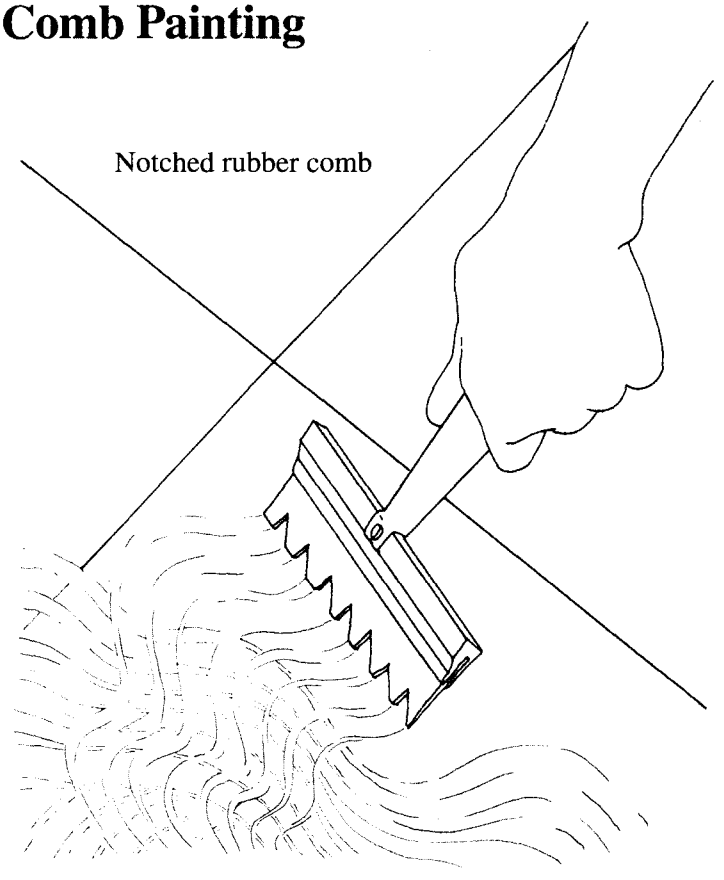
Allow the primer or first coat to dry according to instructions on the container, then apply the subsequent coats. The extra time and effort for painting second and even third coats is worthwhile. Paints specifically formulated for floor finishes are tough and durable and should not need further protection, but any other paints should be covered with a clear coating to ensure long life and easy maintenance.

continued on page 84

Stenciling



Comb Painting



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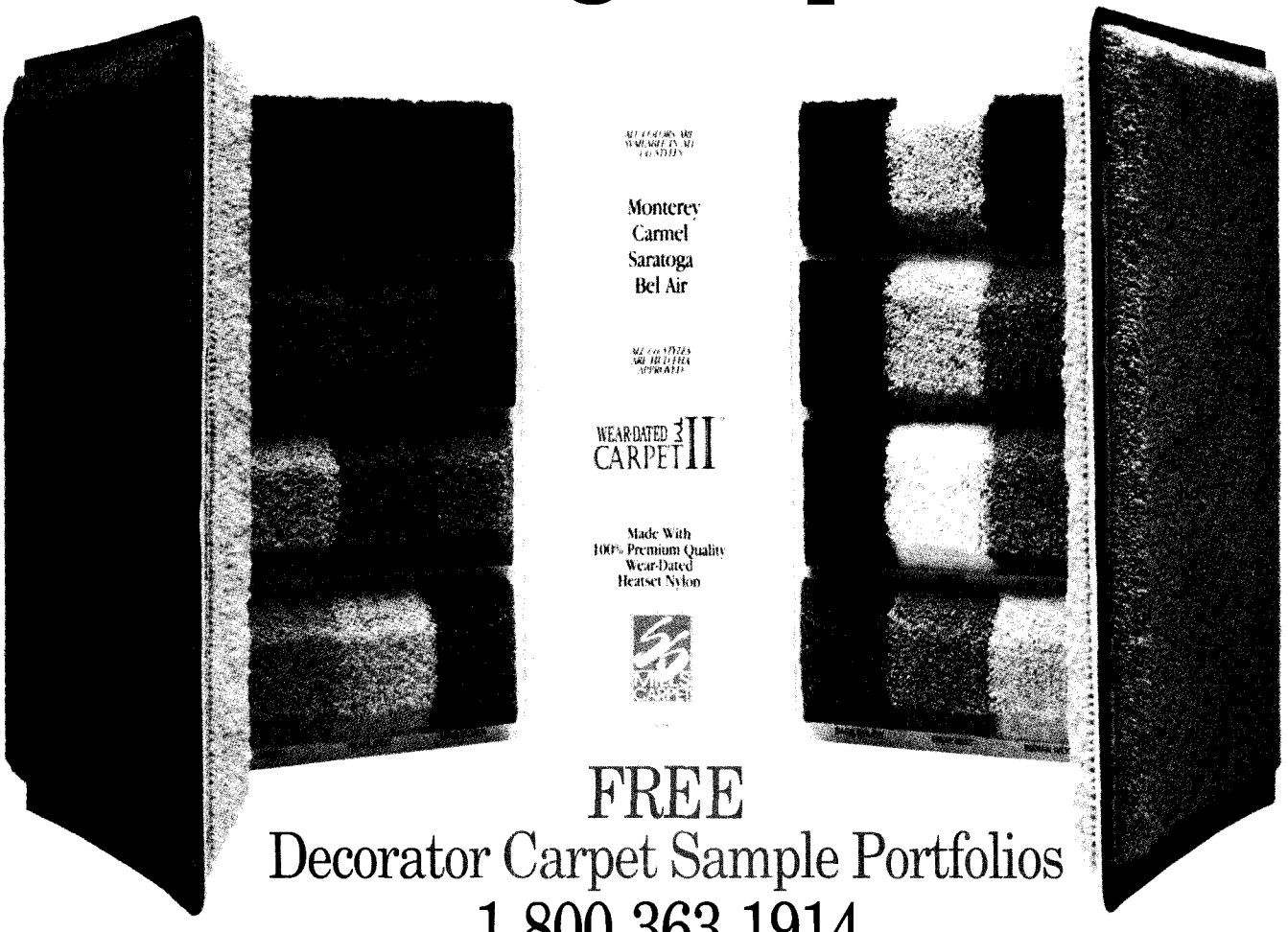

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Richardson appeared in numerous TV commercials and on (and off) Broadway before her talent for TV comedy brought her to Los Angeles. Her series-saving role on "Home Improvement" merited an Emmy nomination in 1993 for Outstanding Lead Actress in a Comedy Series.

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AT HOME WITH PATRICIA RICHARDSON

An immensely popular sitcom, a great marriage, and three wonderful kids—Pat Richardson has it all. However, the balancing act may be her most challenging role yet.

by Glenn Esterly

Everywhere she goes, people are curious: How does Patricia Richardson—who plays "Jill Taylor," television's most credible mother on "Home Improvement"—stack up as a real-life mom?

"People who meet me think of Jill and transfer her strong qualities to me," says Richardson. "Gosh, it makes me feel guilty. They see me as being this Super Mom on TV who also can more than handle a difficult husband, and they assume I'm going to be just full of wisdom as a mother and wife myself."

Sighing, Richardson adds: "The truth is, I've been going pretty much nuts all year. I constantly have to fight being scattered. I feel like I'm on automatic pilot from fatigue. The hardest thing is trying to be present, living for the moment, for everybody in the family."

There she goes, being tough on herself again, a Richardson trait. But the mood gradually turns into a hoot as the Emmy-nominated actress catches herself lapsing into the perfectionist mode and laughs out loud at the context. The interview is taking place in her disheveled "Home Improvement" dressing room at Disney Studios in Burbank, California—a setting that consists of Richardson and this reporter sitting on the tiny chairs around her twins' little table. The twins aren't at the studio today, but from the looks of the room, their ability to create chaos can't be overestimated.

The self-effacing Richardson is, in fact, a thoroughly hands-on, deeply involved mother of a son, Henry, 10, and twins Roxanne and Joseph, who turned four in January. On a lunch break from rehearsals with Tim Allen, she decides the main reason for her personal critique is, "I don't feel like I'm wearing any of my hats—mom, wife, actress—very well. It's a common problem. A lot of us [women] went into feminism thinking we could have it all and do it all, and it's a lot, lot harder than we expected."

As the all-together "Jill Taylor" on "Home Improvement," Pat Richardson contends each week with the "accident-waiting-to-happen" antics of TV-husband Tim Allen.

A little perspective. Pat Richardson, 43, born a Navy brat, was primarily a New York stage actress before moving to L.A. with her husband, actor Ray Baker (late of CBS' detective series "Under Suspicion"), and young son, Henry. With the twins only three months old, she suddenly found herself as a last-second replacement for Frances Fisher (Clint Eastwood's companion and costar in *Unforgiven*), playing Tim Allen's fictional wife. Not only did Richardson rescue the series for ABC's 1991 fall schedule, but she provided the kind of talk-straight-to-me spousal strength that perfectly balanced Allen's testosterone-driven antics, turning "Home Improvement" into an instant hit. Cocreator and executive producer Carmen Finestra says, "Pat salvaged our dreams for this series. Without her, we would have been lucky to be in the Top 30 [in the Neilsen ratings]. Now, when it comes to sitcom wives and mothers, what you always hear is, 'Can't we get a Pat Richardson type?' "

Until "Home Improvement," Richardson had gone through what Baker is still going through—unaired pilots and failed series ("Eisenhower & Lutz," "FM," "Double Trouble").

When she was growing up, her father, originally a Navy test pilot before becoming an executive in the aerospace industry, announced every couple of years that the family was moving to a new city because of a promotion. "Oh, the whining and moaning that went on when we [Richardson and her three sisters] would hear about the next move at the dinner table. We were *so* mad that we

continued on line 67

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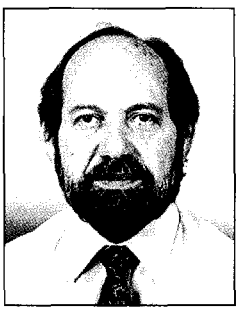
HOW TO AVOID KIDNEY STONES

Several easy dietary steps may help prevent the buildup of calcium, oxalate, and uric acid that leads to painful stone formation.

by Manuel Martinez-Maldonado, M.D.



Editor's note: *Dr. Manuel Martinez-Maldonado, M.D., is professor and vice chairman of medicine at the Emory School of Medicine in Atlanta. He has served on the faculties of Baylor College of Medicine in Houston, the University of Puerto Rico, Harvard University, and Vanderbilt University. His research interest involves the regulation of the renin-angiotensin system in obstructive nephropathy (kidney disease) and hypertension. He has had longstanding interest in kidney stone research and has published extensively in that area. He is a native of Puerto Rico.*

Dietary Modifications

It is now firmly established that alterations in the handling of calcium by the body are responsible for a large percentage (over 65 percent) of kidney stones. The changes in calcium metabolism are frequently accompanied by abnormalities in the metabolism of two compounds that are products of the chemical reactions that constantly keep us going: oxalate and uric acid. Thus, it is not surprising that attempts at curbing the incidence of stones or "stone episodes" (e.g., colic, stone passage, etc.) include control of the metabolism of calcium, oxalate, and uric acid. While all these compounds are part of the normal composition of our bodies, we also ingest them in our food, which may modify their handling by the body and contribute to stone formation.

Cranberry juice, used in a study of 500 women who drank the juice daily for six months, was shown to decrease bacteria in their urine. "Infectious" kidney stone formers who drink cranberry juice daily are offered a wide variety of tastes.

Calcium and Dairy Products

Dairy products are, of course, rich in calcium, and their ingestion may compound the presence of too much calcium in the urine (hypercalciuria). Calcium in the diet is absorbed in the intestine and excreted in the urine. High levels of calcium in the urine predispose to stone formation. Moreover, if the volume of urine is relatively low, the concentration of the excess calcium will be higher than it ought to be and propitiate the formation of stones.

It is therefore recommended that all patients who have stones should take two important measures in an attempt to reduce the incidence of stones and prevent their further formation: limit dairy product consumption and ingest enough fluids to keep urine output greater than two liters per day. Patients must themselves be willing to undertake these two simple, and inexpensive, maneuvers.

Uric Acid and Purine Sources

Uric acid has been found to worsen the incidence of calcium stone episodes in as many as 30 percent of patients with calcium stones. Uric acid is the end-product of the breakdown of a group of compounds called *purines*. These in turn have their precursors in the components of the cell nucleus. Most animal cells have a nucleus, and meat, poultry and fish are rich in cells that have nuclei and thus are sources of purines and, ultimately, of uric acid.

Avoiding "Purine Gluttony"

There are individuals who eat these foods at the exclusion of some that have fewer purines, such as bread, grain, and starches. This has been called "purine gluttony" and may be enormously deleterious to stone formation. Therefore, reduction in the consumption of animal protein, particularly if it has been determined that urine uric acid excretion is higher than normal, may be a crucial step in preventing stone formation.

Oxalate production is much more an endogenous process, and close to 90 percent of its concentration in the

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urine comes from the activity of the liver. The rest can be traced to food we eat either directly as oxalate and/or ascorbic acid. Overproduction of oxalate by the liver and excess intake of oxalate-rich foods (rhubarb, spinach, parsley, cocoa, etc.), may contribute to high levels of oxalate in urine and increase the incidence of stones. Under most circumstances, however, dietary indiscretion is not as prominent a contributor to excess oxalate in the urine as is true with purines.

On the other hand, a series of gastrointestinal disturbances such as inflammatory bowel disease, small bowel resection, or jejunoileal bypass (connection of the duodenum to the colon) may set up the patient for hyperabsorption of oxalate from dietary sources and increase the incidence of stones. In addition, the bowel disease may lead to loss of fluids and low urine volumes which will also compound the susceptibility for stone formation. Special care by the physician is almost invariably required in these individuals, who may also benefit from dietary modification.

It should be clear that preventive measures must be carefully planned and instituted after consultation with the physician and the proper diagnostic workup has been performed.

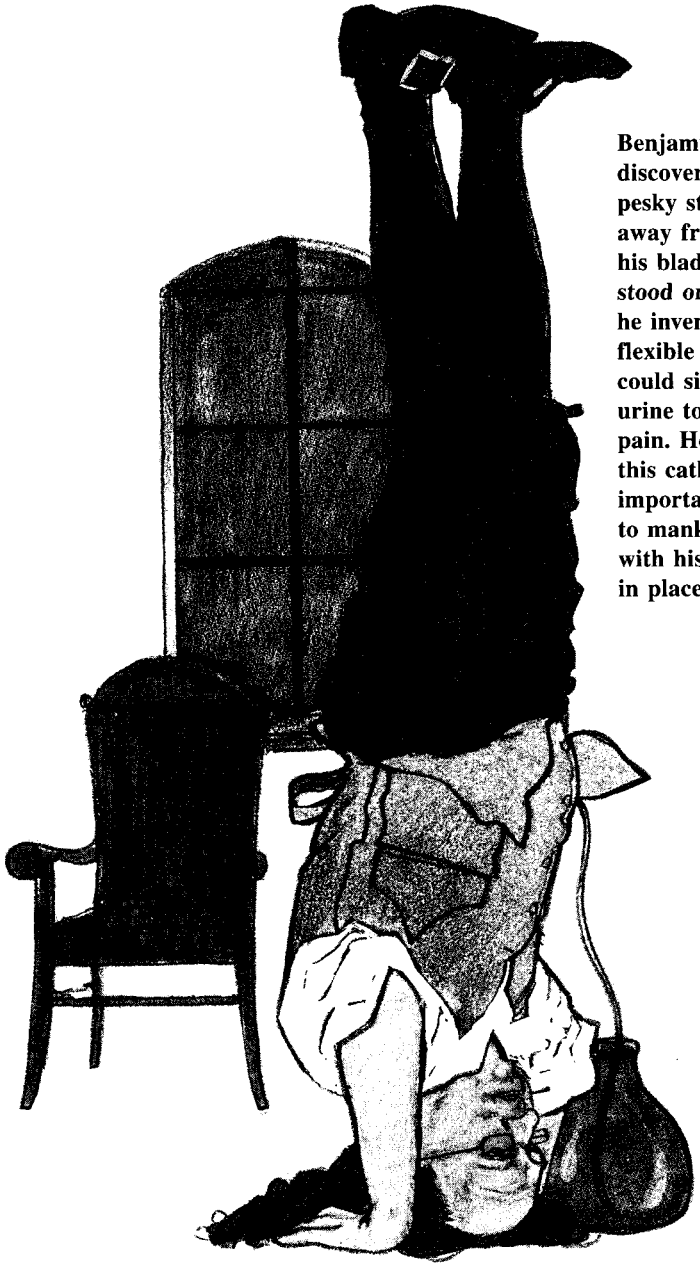
Other Stones, Other Foods

A particularly problematic type of stone is that associated with infection. Almost always, these are formed when infections with urea-splitting (urea is the end-product of the metabolism of protein) organisms are present. These bugs take urea and transform it into ammonia, which forms a complex with magnesium and phosphate to become something called struvite (or magnesium-ammonium-phosphate), which is the most important component of "infectious" stones. It is not easy to cure these, and they grow to form large "staghorn" calculi (stones) that get trapped in the pelvis of the kidney and cause a lot of problems.

Antibiotics are not very effective under these circumstances, particularly because the bugs can live in the crevices of the stones where the medication cannot get to. A medication called acetohydroxamic acid (AHA), which is a urease inhibitor, may reduce the concentration of struvite in the urine and slow the formation of stones, but it may produce too many side effects if used chronically. For these reasons, in the immediate past, struvite stones have been removed surgically while they are now treated with a combination of percutaneous ultrasound debulking and extracorporeal shock wave lithotripsy (see below).

Needless to say, it would be best to avoid the development of urinary tract infections. Recently, it has been determined that regular intake of cranberry juice reduced the odds of developing bacteriuria (bacteria in the urine) in elderly women (mean age 78.5 years). Another study suggested that not only bacteriuria, but the presence of pus cells in the urine (pyuria) was reduced by nearly 50 percent in elderly women who drank 300 milliliters (equivalent to 10 ounces) of cranberry juice each day for six months. Cranberry juice has also been shown to inhibit bacteria from attaching to the epithelial cells (those that coat) of the urinary tract.

Despite these promising observations, the efficacy of cranberry juice must be established more definitively by further studies. It should be clear that the use of cranberry juice in stone formers has not been the subject of prospective, rigorous scientific analysis. Therefore, whether it plays a role in stone prevention is presently unknown.



Benjamin Franklin discovered that his pesky stone would roll away from the orifice of his bladder when he stood on his head. Then he invented the first flexible catheter so he could siphon off his urine to relieve the pain. He considered this catheter his most important contribution to mankind. He died with his stone still in place.

Extracorporeal Shock Wave Lithotripsy (ESWL)

Since the development of ESWL by the University of Munich-Dornier Aerospace Engineering Company, the treatment of stone disease has been revolutionized. While the original model is still in use, there are now "second-generation" lithotripters that

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offer some technological advances, one of which is that the patient need not be immersed in water.

Nowadays, fluid-filled cushions can be used to achieve the same shock-wave transmission as afforded by water tubs. Ultrasonic lithotripsy can be given through percutaneous or ureteroscopic means. This helps reduce the bulk ("debulking" the stone) of the calculus, making it easier for ESWL to shatter its remains.

As I mentioned previously, this is today the management of choice for the staghorn calculi associated with infections, and while the combination of percutaneous ultrasound and ESWL requires time (several days) in the hospital, the recovery is good and certainly shorter than standard operative intervention. Moreover, follow-up experience suggests that the treatment is efficient and successful.

The most common complications associated with ESWL are loss of renal function and development of hypertension. Both are extremely low with the new technology, which makes ESWL the safest intervention for the management of stones. Morbidity and mortality of morbidly obese patients (patients weighing more than 50 percent of their predicted weight) can be increased since the stone is at considerable distance from the skin and positioning of the patient may be problematic.

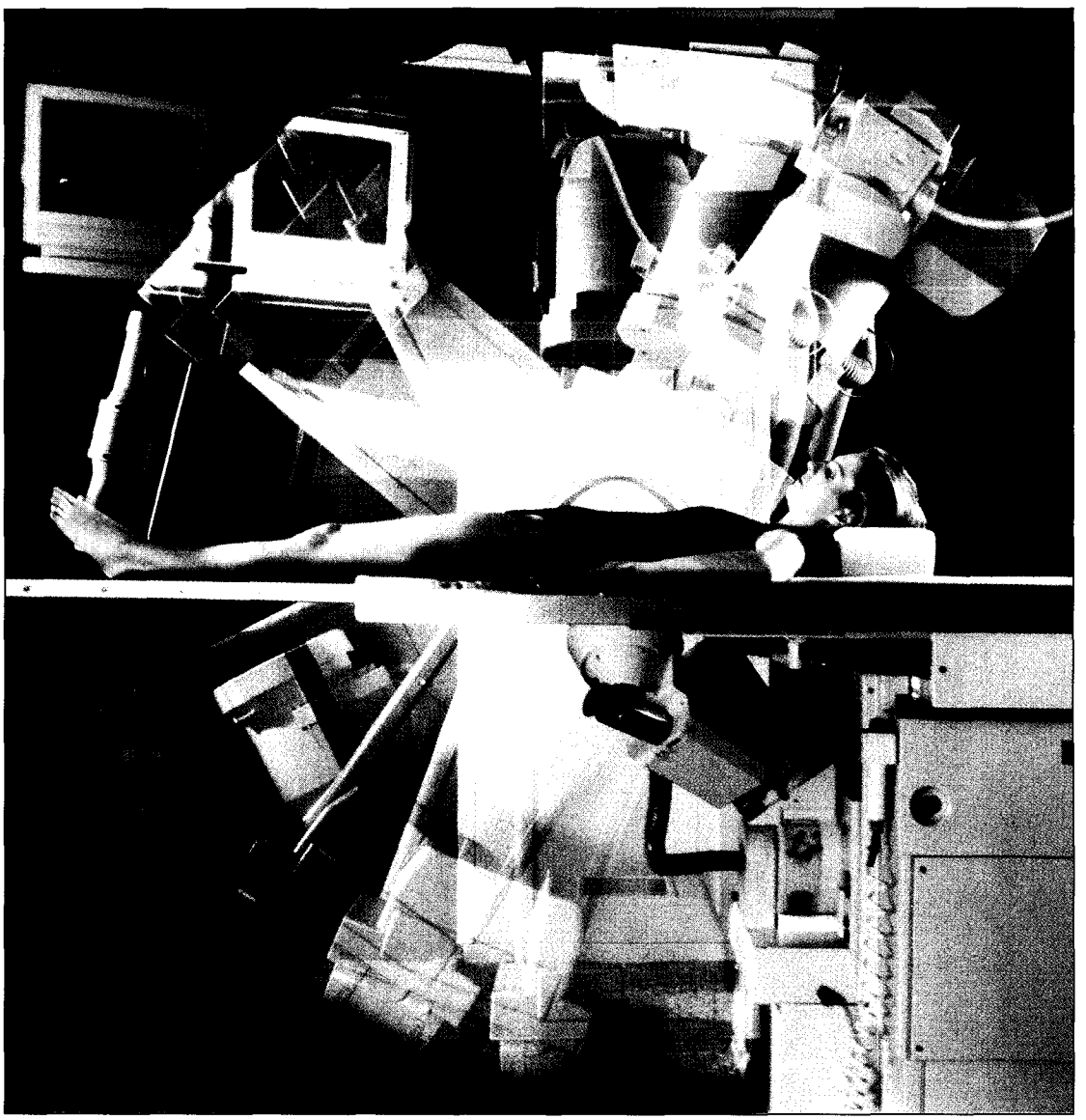
Yet, recent studies using second-generation lithotripters have been done, and the results achieved have been comparable to those attained in non-obese patients. Damage of the kidney as a result of ESWL or percutaneous ultrasound lithotripsy, or from complications of the presence of a stone that has led to obstruction and its attendant effects on the structure of the kidney, may lead to a nephrectomy.

Nephrectomy (Kidney Removal)

Persons who have donated a kidney to a relative are by far the group of patients most studied in relation to what happens to the remaining kidney. For the most part, what does happen is that the kidney grows larger and can take up to 85 to 90 percent of the function previously carried out by two kidneys. This is no different in patients who have lost a kidney to accidents, unilateral kidney disease, etc. In the case of patients who have lost one kidney to stone disease, the future may be clouded if the remaining kidney were to be afflicted with stone disease as well.

Controversy has surrounded the long-term effects of nephrectomy on renal function in the remaining organ. The most critical issue has concerned the development of high blood flow to the remaining kidney, which is known to result in some renal damage in experimental animals. The changes in the remaining kidney have been studied extensively and potentially include hypertension, reduced kidney function, and pathological proteinuria. Nevertheless, few adverse effects have been seen and longterm ill-effects of nephrectomy have been few and and minor.

No evidence has been found that, in the aggregate, nephrectomy reduces survival. Clearly, frequent consultation with the physician and adherence to therapy and preventive measures will most likely avoid the possibility of nephrectomy, which should be a treatment of last resort. ▲



Although the original lithotripter is still in use, there are now "second-generation lithotripters" that offer some technological advances, one of which is the patient need not be immersed in water. Fluid-filled cushions achieve the same results.

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UNSUNG HERO OF LITHOTRIPSY

Intrigued by an obscure reference in a medical journal Dr. Beurt SerVaas flew to a University Hospital in Munich, where a German professor was pulverizing kidney stones with shock waves.

by Patrick Perry

Before 1984, the excruciatingly painful experience of kidney stones left few options; the patient would either eventually pass the stone or face surgery. The surgery recovery not only hurt a *lot*, it required months of recuperation before former strength returned. Ask someone who's been through the procedure—it is not an experience easily forgotten.

Dr. Beurt SerVaas knows. A medical scientist, industrialist, and president of the Indianapolis City Council, he suffered the loss of a kidney because a stone had lodged itself in his ureter.

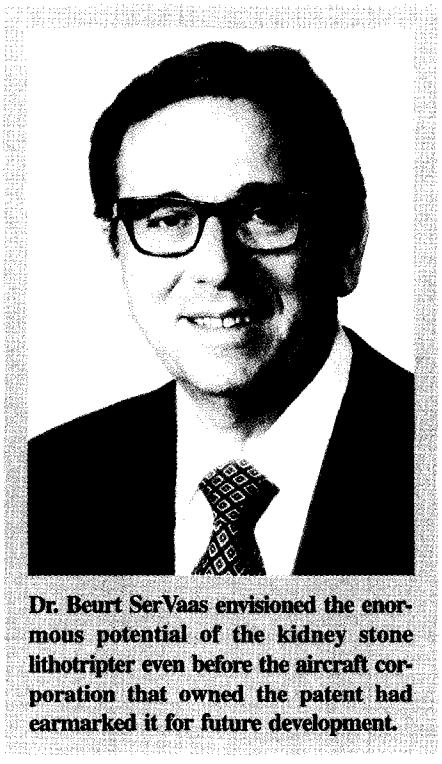
When he first heard of a machine that could save others from kidney stone misery, as well as billions of dollars in healthcare costs, he (in characteristic manner) wanted to learn more.

The machine, which Dr. SerVaas later suggested be called a "lithotripter," was pioneered in Germany by a young urologist named Dr. Christian Chaussy and developed by the Dornier Corporation. Dr. SerVaas took time from his hectic schedule and flew to Germany to investigate the invention. He met with officials at Dornier, which owned the rights to the machine. These officials left him with the impression that developing the lithotripter for commercial use had a low priority in view of their corporation's vast aircraft and engineering operations.

Nevertheless, Dr. SerVaas convinced the Dornier officials that the lithotripter *was* very significant. His vision of its impact on the treatment of kidney stones was, in fact, so persuasive that Dornier began to see its invention in a new light. Before leaving Germany, he negotiated with corporate officials to build the first commercial unit of its kind and to place it in Indianapolis.

Upon returning to Indianapolis, Dr. SerVaas immediately met with officials at Indiana University to discuss this revolutionary new development. Unfortunately, he met with indifference: the researchers at I.U. thought that the invention would end up a fad.

Not be be discouraged or dissuaded, Dr. SerVaas requested a meeting with Dr. Frank Lloyd, president of Indianapolis' Methodist Hospital, the largest hospital in Indiana. Maybe Methodist would offer a home to the first lithotripter in the United States. He spoke to the president about the invention, its impact, and about the high regard he had for its innovator, Dr. Christian Chaussy.



Dr. Beurt SerVaas envisioned the enormous potential of the kidney stone lithotripter even before the aircraft corporation that owned the patent had earmarked it for future development.

Dr. Lloyd was very impressed. To introduce the lithotripter, Dr. SerVaas then established a foundation which would join the efforts of The Saturday Evening Post Society's parent foundation, The Benjamin Franklin Literary and Medical Society, and Methodist Hospital. Things fell into place even more quickly than Dr. SerVaas had hoped.

In early 1984, the first kidney stone crusher (lithotripter) in the U.S. was unveiled at Methodist Hospital. The noninvasive procedure, using extracorporeal (outside the body) shock waves, was introduced.

Dornier remained loyal to its initial agreement with Dr. SerVaas, sending a team of technicians and urologists to help train the department at Methodist Hospital. In turn, Dr. Christian Chaussy flew to Indianapolis to help oversee the installation and initial training in the use of his invention.

The bold purchase of the then-experimental device was a "smashing success" in more ways than one. Margaret Hatcher, Secretary of Health and Human Services at the time, referred to the lithotripter as a "medical miracle." Dr. SerVaas was lauded not only by fellow kidney sufferers, but in the local press. Unfortunately, the Eastern press lagged far behind *The Saturday Evening Post* in breaking the news, but word of the breakthrough spread quickly nonetheless.

Then the calls came in.

Kidney stone patients rushed to their urologists with their copy of the March '84 *Saturday Evening Post* article ("First German Kidney Stone Crusher Arrives in U.S.") on the revolutionary new technology, arousing the curiosity of practicing urologists around the country.

Soon, people from around the globe began flocking to Indianapolis to take advantage of this noninvasive method of "pulverizing" kidney stones, thereby avoiding the painful experience of recovery from kidney stone surgery.

Curious urologists came to Indiana with their patients to witness firsthand the dramatic success of this new technology and to attend seminars on its potential.

The rest, as they say, is history.

Today, there are hundreds of lithotripsy machines in hospitals around the country. An estimated 500,000 people have undergone the noninvasive procedure to crush kidney stones and, in so doing, have avoided surgery.

Thanks to the persistence and vision of Dr. Beurt SerVaas, kidney stone sufferers around the world have a brighter, less painful future.

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IF YOU HAVE A KIDNEY STONE, KNOW WHAT KIND

Some stones require the urine to be acidified.
Others need urine to be made more alkaline.

by Cory SerVaas, M.D., Christina Ferroli, Ph.D., Wendy Braun, R.N., and Jean Browning Rose

Illustrations by Frank H. Netter, M.D.

"The pain is indescribable," said one physician who experienced the agony of a kidney stone firsthand. "It was so bad that I dropped instantly to the floor, curled up in the fetal position, and moaned. I had a whole new perspective the next time a stone patient said, 'I'm in horrible pain.' "

Fortunately, modern technology and meticulous research have made inroads into the prevention and treatment of the never-to-be-forgotten torture of renal colic.

If you should pass a kidney stone, it would be important to know what kind it is. If you know the composition of your stone, there are dietary modifications that may prevent a recurrence.

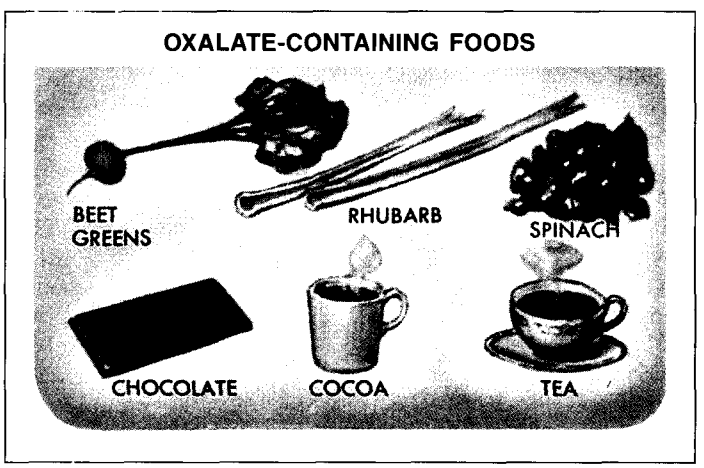
Probably the oldest kidney stone analytical laboratory was started when urologists began sending stone samples to Dr. Karl W. Beck, formerly a mineralogist at Indiana University. Dr. Beck began subjecting biologically formed stones to analytical methods also used to study geologic rocks. At first he used x-ray diffraction crystallographic equipment at the university. Later, as word spread among urologists, he expanded his kidney stone laboratory. More and more stones were sent in, requiring the acquisition of a staff and special equipment. Today, Dr. James Lingeman of Methodist Hospital in Indianapolis is the medical director of Beck Analytical Services. The laboratory handles several thousand stones each month from all over the world.

Because the lithotripter pulverizes the stones, laboratories have had to devise new means to analyze stone composition. Sand is retrieved from the urine after the stones have been demolished by the shock waves.

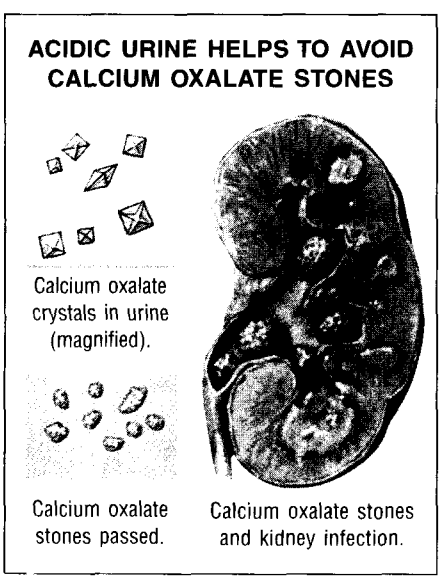
Stones in Britain

British investigators are combining computer, light, and sound technology to analyze kidney stones. An innovative team at the University College London Medical School is using computer software to interpret data from infrared analysis of urinary stones. When a sample under study absorbs radiation from the invisible infrared portion of the light spectrum, it produces sound waves that can then be detected and identified.

The Spring 1995 *Urological Research* reports that using this technology can mean significant savings in time and effort, as well as more accurate identification of stone components than before. This straightforward technique is also nondestructive, preserving precious small samples. With further improvement, computer-assisted analysis may prove useful in examining urinary crystals, post-lithotripsy fragments, and stone sections.



Calcium oxalate, found in the above foods, combines with calcium to form calcium oxalate urinary stones.


ACIDIC URINE HELPS TO AVOID CALCIUM OXALATE STONES
Calcium oxalate crystals in urine (magnified).
Calcium oxalate stones passed.
Calcium oxalate stones and kidney infection.

Calcium Oxalate Stones

Because calcium oxalate is extremely insoluble in the urinary tract, renal stones are formed. Maintenance of a large urine volume is important. Dehydration from loss of fluid due to perspiration in hot weather, and loss of fluids from diarrhea or alcohol and caffeine consumption are causes of more concentrated urine. To keep the urine diluted, sufficient fluid intake to produce two liters of urine per day should be carefully maintained by a kidney stone former.

Oxalates are mineral compounds of oxalic acid naturally found in foods such as spinach, tomatoes, and rhubarb. They are also produced by the body. Excessive amounts of oxalates, particularly calcium oxalate, may crystallize and form stones in the urine.

A lower pH helps prevent the precipitation of stones and infection. The

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use of vitamin C assists in the acidification of urine. Cranberry juice is also used by some urologists.

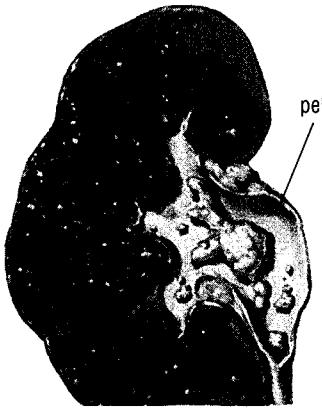
Increasing dietary magnesium and possibly zinc may in some way prevent calcium oxalate stone formation. Vitamin B_6 (pyridoxine) deficiency has been shown in animals to lead to excessive oxalic acid production and stones.

Urate Stones

Uric acid stones are formed when excess uric acid crystallizes in the kidneys. Too much purine in the diet is a contributing factor in the formation of uric acid stones.

ALKALINE URINE IS DESIRABLE TO PREVENT URATE STONES

Sharp uric acid crystals (magnified) cause pain for gout patients and precipitate from the urine as urate kidney stones.



Urate deposits can be seen throughout the kidney, and large urate stones appear in the pelvis of the kidney.

In calcium oxalate stone formers, an acidic urine is desirable, but urate stone formers should achieve an alkaline urine to prevent uric acid crystals from forming stones. If uric acid excretion in the urine is higher than normal, the following list of foods high in purine content should be avoided: sweetbreads, anchovies, sardines, liver, kidneys, and meat extracts.

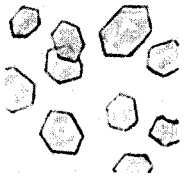
Cystine Stones

Cystine stones are formed because of an inherited disorder in which cystine isn't resorbed by the kidneys. The tendency to excrete excessive cystine in the urine, called cystinuria, may result in cystine kidney stones. Producing two liters of urine per day prevents crystals from precipitating out in the urine. Other amino acids, including lysine, are also not properly absorbed by the kidney, but cystine is the only amino acid that is insoluble at the acid pH range of the urinary tract; therefore, it crystallizes out, forming renal stones.

Only about one percent of all kidney stones results from cystine crystallizing out in the urine. When kidney stones appear in children and teenagers, they are most often the genetically caused cystine variety. They are more often found early in life and have been discovered even in two-year-olds. Treatment by forcing fluids and alkalinization (raising the pH) of the urine is usually successful.

Advances in the field of genetics have launched a whole new era in the study of all human disease. Now thanks to painstaking laboratory work, kidney stone disease victims may benefit from the new technology. Scientists at Bethesda, Maryland, recently located a gene responsible for cystinuria, a common hereditary cause of kidney stones worldwide. By studying the actual genetic defect, identification of carriers may become possible and lead to treatment and cure of the disease.

ALKALINE URINE IS DESIRABLE TO AVOID CYSTINE STONES



Cystine crystals precipitate out in a acidic urine (magnified).

A principal complication of the excessive cystine excretion is the appearance of cystine stones.

Long considered to be the "Stone Belt," researchers recently confirmed that those living in Virginia, Tennessee, North Carolina, South Carolina, Georgia, Louisiana, Alabama, Mississippi, Florida, and Puerto Rico appear to have an overall greater risk of kidney stones.

For Struvite Stones, Keep Urine Acidic

Although not as common as calcium oxalate stones, struvite stones have affected people for thousands of years. They were named in the 19th century by a Swedish geologist named Ulex, in honor of his mentor, Baron H.C.G. von Struve, a Russian diplomat and naturalist.

Urinary infection with urease-producing bacteria is necessary to produce struvite stones. Struvite will not crystallize if urine pH is acidic or if ammonia is not being produced in the urine. This suggests two possible strategies for prevention.

Cranberry Juice for "Infectious" Stones

The first strategy is to keep urine acidic, but physicians don't all agree on how best to do this. Vitamin C and/or cranberry juice is often used. Those with repeated struvite stones can monitor their own urine pH with several types of "dipsticks" to determine pH—

continued on page 88

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The Post Investigates Cord-Blood Transplants

LIFE BLOOD

Hidden wealth in the human umbilical cord is offering new hope for patients with leukemia and fatal genetic blood disorders.

by Ted Kreiter, Patrick Perry, and Christina Ferroli, Ph.D.

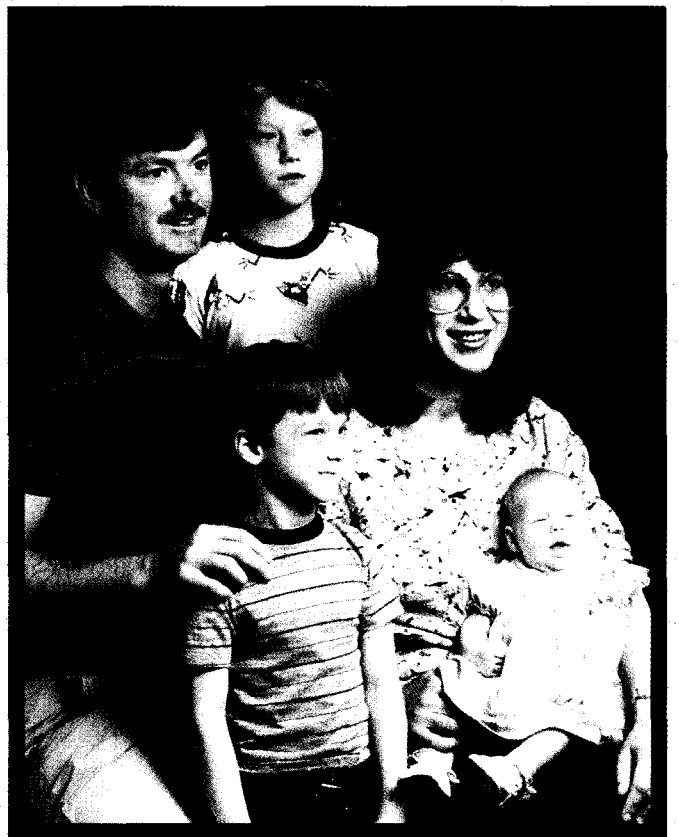
In October 1988, a research associate from the Indiana University School of Medicine boarded a flight to Paris on a lifesaving mission. Two seats had been purchased, one for the researcher, the other for a large metal container. Inside the container, cooled by liquid nitrogen, were some small frozen bags of blood, soon to make medical history.

For five years, researchers in clinics and universities across the country had been working on a unique pioneering medical procedure. It would offer the same miraculous benefits as bone-marrow transplants for patients with leukemia and other fatal blood diseases, but with one major difference: it would not require any bone marrow. Instead, the new procedure would use an alternative transplant material never tried before for engraftment of the blood cells—blood from the human umbilical cord.

The hidden wealth remaining in the umbilical cord after birth was unchartered territory that had long been overlooked by the medical community. Umbilical cord fluid was rich in stem-progenitor cells that are vital for a successful transplant. In fact, it contained a higher percentage of the rare stem and progenitor cells than bone marrow. Rather than throw cord blood away, as was common practice, researchers proposed using it as an alternative to the bone-marrow transplant process. Cord blood, if stored and made available in blood banks, might alleviate the difficult problem of finding matching bone-marrow donors when a stem-cell transplant is needed.

Cord blood had another possible advantage, too. It could be self-donated and stored for later use should a child develop a blood disorder.

When the cells reached Paris, the precious cargo was turned over to Dr. Eliane Gluckman, a renowned bone-marrow transplant specialist at the Hôpital St. Louis, who would conduct the world's first successful human cord-blood transplant. Doctors would be watching the results carefully.



Six-year-old Matthew Farrow (center) received the first successful cord-blood transplant. His infant sister Dorothy (right) provided the blood cells that saved his life.

The recipient of the transplant was 6-year-old Matthew Farrow, who suffered from Fanconi's anemia, a genetic blood disease that usually kills its victims by the age of 12.

Matthew, an American, had been unable to find a bone-marrow donor. His mother and father, looking for every possible alternative, had conceived another child earlier than originally planned, hoping for the one-in-four odds that the new sibling might be a good bone-marrow match.

News of the pregnancy reached the Indiana University research team and their collaborators. It was what they were waiting for. In utero tests showed that Matthew's new sibling, Dorothy, was indeed a bone-marrow match. Her umbilical blood would, therefore, also be a match. "The doctors told us about a new method, the cord-blood transplant," Richard Farrow recalls. "It had a lot of advantages going for it. So we figured the Lord was with us anyway, giving us this new baby. We'd take a chance and in the process maybe help some other people by trying this new method. They would not do cord-blood transplants in this country. Our doctor asked if we would be interested in going to Paris to Dr. Eliane Gluckman. She had the best record for that disease in the world: something like a 75 percent success rate with [bone marrow transplants] for Fanconi's anemia. So we told them we would be interested in going to France. The researchers at Indiana University offered to help out with the finances. They made it possible. We wouldn't have been able to go to Paris for six months and not work."

With the parents' consent, researchers retrieved Dorothy's cord blood at birth and froze it. Now everything was ready for the first important cord-blood test.

Matthew's parents flew to Paris for the study. It was an experience they would not like to repeat. They would have to remain in France for six months. Because they did not speak the language, communication was difficult.

Matthew underwent the usual preparation for a bone-marrow transplant—chemotherapy and irradiation to kill off his diseased blood system. Finally, the new blood was transfused, and the

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long wait began for his blood system to begin rebuilding itself. Matthew was placed in a completely enclosed environment and fed a special diet. His medication was mixed right at the station to prevent contamination and continually administered through a chest catheter. "Waiting was one of the hardest parts," Richard Farrow recalls. "Not knowing if it was going to take hold. It was a really strange time. He had dark circles under his eyes, lost his hair, his facial expression and personality changed. Watching somebody close to you going through this just tears you up." Each day, doctors checked for signs of an increasing blood-cell count.

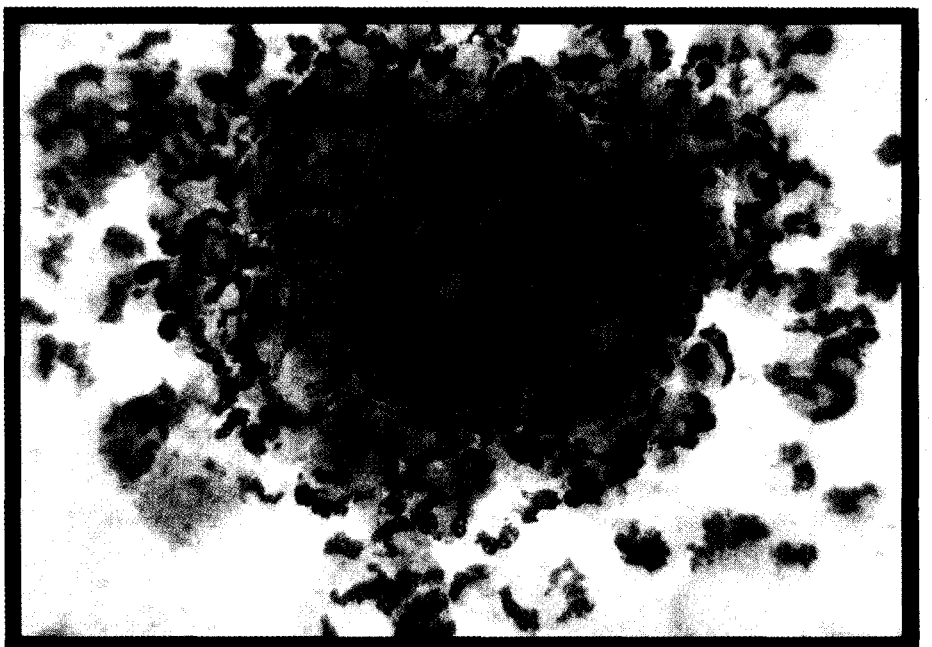
About the 28th day, the Farrows noticed an unusual flurry of activity among the doctors viewing the test results. "They kind of got excited," Richard Farrow recalls. "We didn't know whether or not something was wrong. They ran out of the room and wanted to talk among themselves." The following day, a doctor approached the Farrows. "He told us that Matthew's blood counts were rising faster than anyone had expected that early. Later, he told me that Matthew's was one of the most exciting transplants they had ever done."

> *"With cord blood, you increase the possibility of finding a donor whose cells can be used for transplantation purposes."*
> —Dr. Hal Broxmeyer

A new era of cord-blood therapy had begun. Eight years later, Matthew is alive and healthy, and cord-blood transplantation, although still experimental, is spreading worldwide. Almost 100 cord-blood transplants have been performed. Many bone-marrow-transplant centers are starting cord-blood banks, and hospitals are offering self-donation services and storage.

Cord blood has been used to treat several types of leukemia, as well as Fanconi's anemia and other genetic disorders, and doctors are preparing to test its effectiveness on sickle cell anemia. There is even a possibility that cord blood could someday be used to treat AIDS.

The *Post* spoke with a cord-blood pioneer, Dr. Hal Broxmeyer, professor and scientific director of the Walther Oncology Center at the Indiana University School of Medicine, and Dr. David Emanuel, director of the stem-cell transplantation program at Indiana University Medical Center's Riley Hospital, about this exciting new therapy.



Stem cells extracted from umbilical fluid have an extensive capacity for self-renewal. Within minutes after being injected into the bloodstream, they take up residence in the bone marrow. They begin producing new blood cells in about a month.

Post: Cord-blood transplantation seems to be working even better than expected. Could you tell us how the idea of using cord blood originated?

Dr. Broxmeyer: About 12 years ago, in a private meeting with Dr. Edward Boyse and Judith Bard [then at the Memorial Sloan-Kettering Cancer Center in New York], we discussed the possibility of using cord blood as a source of transplantable cells. Dr. Boyse felt that cord blood, which was then a discarded material, shouldn't be thrown away, that there had to be other uses for it. He was thinking more in terms of the mature cells in the body, the red blood cells, the white blood cells, and the platelets: to take those cells and store them away if they're needed. I told him that there was literature suggesting that, in cord blood, there might be very early blood-forming cells, what we call hematopoietic progenitor cells, that come from stem cells and give rise to the mature cells we need to fight infection, to clot blood, and to breathe. When I told him about the literature in this area, he suggested we just get cord blood, store it away, and it could be used if somebody needed it for a transplant.

I thought that was a great idea, and that started quite a good collaborative effort between Dr. Boyse and myself and a number of other scientists in other institutions. About that time, I came to the Indiana University School of Medicine. One of the first things we did in our lab was to evaluate whether there were these very early blood-forming cells within cord blood. Our work suggested that there were enough cells, that the cells could be shipped, that they could be collected in high-enough quantity and could be stored away in a cryopreserved form. This led us to look for the right situation for testing them.

One disease of special interest was Fanconi's anemia. Do Dupont, M.D., of the Memorial Sloan-Kettering Cancer Center, suggested that Fanconi's anemia might be a good test case for cord blood. Arleen Auerbach, Ph.D., of the Rockefeller University Hospital, New York, who tested patients for Fanconi's anemia and had a registry for this disorder, helped us identify the Farrow family, and Henry Friedman, M.D., of Duke University, Durham, was the referring physician for Matthew. We were able to enlist the help of Dr. Eliane Gluckman from the

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Hôpital St. Louis in Paris to do a cord-blood transplant with cells from a sister to be transplanted into her brother. Cord blood was collected from the sister at birth, and the cells were sent to Indiana University. We tested them, stored them, and then hand-delivered them to Paris. That was the first transplant ever done using cord blood, and the child is now more than 7½ years out [of the hospital],

Frozen cord blood is now being stored in blood banks and hospitals around the world. Fifty to 300 grams of the blood from a typical afterbirth does the work of 1,500 grams of donated bone marrow. A bone-marrow transplant costs at least $10,000. A cord-blood transplant is simpler and cheaper.

completely cured of blood disorders associated with Fanconi's anemia. That was the first of what now amounts to almost 100 transplants done with cord blood for certain blood disorders.

The first five and seven of the first ten cord-blood transplants were done with cells sent to my laboratory, where they were tested, frozen, and hand-delivered to the transplant site. Of these, the first transplant for leukemia, juvenile chronic myelogenous leukemia, which resulted in successful engraftment, was done by John Wagner, M.D., then by Dr. George Santos' group at the Johns Hopkins School of Medicine, Baltimore, and now at the University of Minnesota, Minneapolis. These seven were HLA-matched sibling transplants. The first unrelated cord-blood transplants were done by Dr. Kurtzberg at Duke University, with frozen cells from the New York Blood Center Cord Blood Bank, directed by Pablo Rubinstein, M.D.

Post: Why is cord-blood therapy such a promising treatment? What kinds of patients can benefit from cord-blood therapy?

Dr. Broxmeyer: There are people who need to have a transplant because there is something wrong with their blood system or because they have cancer and have to be treated with high dosages of chemotherapy. The chemotherapy compromises that person's blood system, so you need to give another source of the cells that will resupply the blood. Those cells are the hematopoietic stem and progenitor

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cells. You can't take cells from just anybody and give them to somebody else. They have to be matched, and the most perfectly matched set of cells for anybody is their own. We call them autologous cells. But not everybody can have their own cells ready to use because they may be older, teenagers or adults, and their cells are already diseased. So you want to use cells from somebody else, but those cells have to be matched. That means there has to be something similar on the surface of those cells to the person who is going to receive them. With cord blood, you increase the possibility of finding a donor whose cells can be used for transplantation purposes.

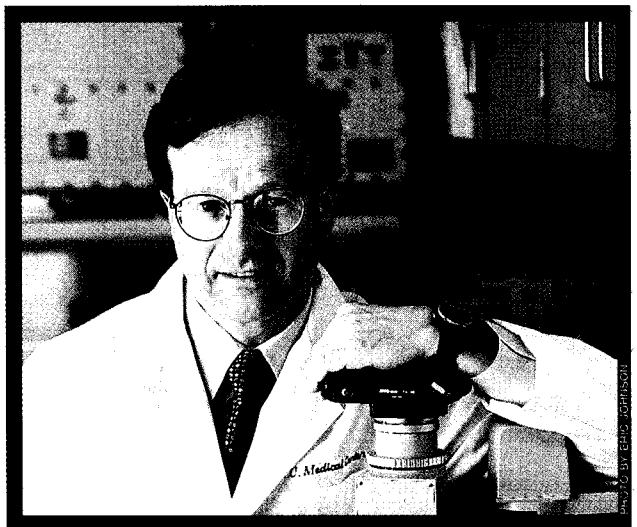

PHOTO BY ERIC JOHNSON

Dr. Hal Broxmeyer, scientific director of the Walther Cancer Institute in Indianapolis, helped develop the technique for using umbilical cord blood to save lives. He is presently involved in applying the new therapy for the treatment of sickle cell anemia.

Post: Why are cord-blood cells so useful?

Dr. Broxmeyer: The reason is, first of all, they are there. The prior source of cells for transplantation of stem and progenitor cells was bone marrow. The problem is, you cannot always get correct bone-marrow donors. If you find the donors, they are not always of the right type.

Post: Could you explain what you mean by "type"?

Dr. Broxmeyer: By "type" we mean the major histocompatibility loci, what we call HLA antigens. These are human leukocyte antigens. On the surface of blood cells, either the very early stem or progenitors, are HLA antigens. If those antigens don't match with the antigens on the cells of the person you are giving the transplantable cells to, you have what's called a graft-versus-host disease, where the graft, the cells you are transplanting, attacks the cells in the host, the person getting the transplant. Sometimes graft-versus-host disease can be a limiting factor for transplantation. That brings up another interesting phenomenon. If you get your own cells, the chance of getting graft-versus-host disease is minimal or nonexistent. If you get cells from somebody, even a family member, where you have a complete match, you can still get a little graft-versus-host disease. As the differences in HLA antigens increase, the chances of graft-versus-host disease and the severity of the disease is much greater.

One of the interesting things about cord blood is, there may be less graft-versus-host disease with cord-blood cells than with bone-marrow cells. That may have to do with the fact that cord blood is collected at an earlier time. These are almost like fetal cells. We found, for example, that there are certain immune cells, T lymphocytes (blood cells involved in cell-mediated immunity), that don't proliferate as well in cord blood in response to another person's cells after a secondary stimulus. That means that the chance of setting up an immunological reaction is definitely less in a culture system and could potentially be less in a situation where you are taking the cells and actually putting them into another person.

> *"One of the interesting things about cord blood is, there may be less graft-versus-host disease with cord-blood cells than with bone-marrow cells."*
> —Dr. Hal Broxmeyer

It looks right now as if pretty much anybody who would benefit from a bone-marrow transplant could also benefit from a cord-blood transplant. That means that somebody who has a problem with their blood—a disorder which can't be treated in any other way, who has a genetic disease, or who is undergoing very intensive chemotherapy for a cancer—can benefit.

Post: What is the current success rate for cord-blood therapy?

Dr. Broxmeyer: There have been almost 100 cord-blood transplants done. Over 55 have been from one sibling to another. That is where we have the most information. There is not as much information yet on using cells from a person who is unrelated, although, currently, more than 35 unrelated cord-blood transplants have been done. You also have to understand that all of these cells used for transplantation have first been cryopreserved. When you collect the cord blood, you don't have another shot at it. There is only one time you can get the cord blood, and that's at the birth of the baby. If you don't store them away frozen, they are not going to live long enough to be used.

From the first 40 to 50 sibling transplants that were done, the success rates look pretty good. These are part of an international cord-blood registry to keep track of the transplants. The success rate was about 70 percent. That means that 70 percent of these patients were engrafted with the cord blood that came from a brother or sister, and in a follow-up, 50 to 55 percent were disease free. These results have been published by Wagner, et al., in *Lancet* this year. That's pretty encouraging. Those results, with the very limited experience we have, are at least as good as that seen so far using bone marrow.

Post: Do you foresee advantages of cord-blood therapy over bone-marrow therapy?

Dr. Broxmeyer: I personally believe there will be advantages. One advantage is that it is very hard to find bone-marrow donors. If a person needs a transplant right now and doesn't have a family member with closely matched cells, he or she has to go to certain registries, such as the National Marrow Donor Program, where they search their existing files to see if people have volunteered to give marrow of their type. The search can take an average of six months. Some people don't have six months to live. Even if they find a match, the question is, Can they still find the person

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who volunteered, and is that person still healthy enough to donate? I am not sure of the exact statistic; probably 20 to 30 percent find a match through a registry. These registries are very, very valuable. However, wouldn't it be great if we had stored away samples of cord blood where you have a very wide variety of HLA types? This becomes even more important in the situation of minorities. The National Marrow Donor Program and other registries are very underrepresented in terms of minority groups. If you had a cord-blood storage facility and registry, you could get those cells within a period of days to maybe a week. That, to me, would be a tremendous advantage. Efforts in this area have already started. The New York Blood Center has stored over 4,000 HLA-typed cord bloods, and other cord-blood banks are starting.

The other advantage is, if you need a transplant and cannot find an exact HLA antigen match (say, instead of having all six HLA antigens match, you only have five, four, or three match), because cord blood has less immunological reactivity (which appears to be the case), you might be able to go to a two-antigen mismatch rather than a complete match and not have a lot of graft-versus-host disease. That would also be a tremendous advantage. We already know, based on some of the sibling transplants and some unrelated transplants as well, that you can have a two-out-of-six mismatch and still do very well using cord blood. The problem in interpreting those results is that most of the transplants have been done in children, and children have less graft-versus-host disease, anyway. So we have to be cautious talking about whether there will or will not be less graft-versus-host disease with cord blood versus bone marrow. We need more studies in adults to be sure.

> *"It is now not science fiction anymore to consider the possibility of collecting cord blood from these affected individuals and using that cord blood for gene-therapy purposes."*
> —Dr. David Emanuel

Matthew Farrow, 7½ years after his transplant, is completely cured of blood disorders associated with Fanconi's anemia.

Post: You referred to cord blood stored in banks. Is there any problem in storing cord blood?

Dr. Broxmeyer: You can take cord blood and cryopreserve it, but that doesn't mean you can just take it and stick it into your freezer. That doesn't work because, when you thaw it, the cells will lyse—they will break apart. You have to put it in with a cryopreservative such as dimethyl sulfoxide at the right concentrations along with other ingredients and freeze them in a timed manner. Certain pieces of equipment will allow you to do this. You can get away with freezing cells sometimes without a timed freezer. The timed freezing process has had very good results. You can recover very high yields of cells that were frozen. Of course, if you have a very big bank to store these, you want to make sure that your samples are marked clearly so you know what their HLA type is. You don't want to give somebody the wrong HLA type. Recordkeeping is very important, but I don't see that as any real problem.

Post: Cord-blood banking has been criticized and even compared to the Woody Allen movie *Sleeper*. What is your view of this controversy?

Dr. Broxmeyer: I don't see that there is any controversy at all in banking cells. If there is any controversy, it might be with those people who say that if you have a place that charges for storing your own cells, then maybe certain groups would have enough money to do it, and other people wouldn't be able to do it. I personally don't believe money will be a problem for this in the future. That would be in an autologous situation where, when you are born, your cord-blood cells are stored and you have to pay to have them stored. But for other banks, where people who would normally have their child's cord blood discarded now preserve it, I don't see that as a problem at all.

Post: How many cord-blood banks are there presently in the United States?

Dr. Broxmeyer: The first cord-blood bank in the world was started here at Indiana University in my laboratory where sibling cord-blood cells have been stored for possible use since our beginning laboratory studies. As I noted before, some of these samples have already been used. We still have a storage area for these cells, but that was done mainly for scientific reasons and to determine the feasibility of storing cord blood. There are now a number of banks. The first setup for storing your own cells was done by Biocyte Corporation in Stamford, Connecticut. They helped to find the Matthew Farrow transplant. There are a number of other companies that have started up, or will be shortly. But that's for *autologous* storage. For storing cells from somebody else, the first big bank was set up by the New York

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Blood Center. They have stored over 4,000 cord bloods. About 35 of those cord bloods have already been used to transplant people who could not find a match through the National Marrow Donor Program. The results are relatively good. Other places in the U.S. also are starting to store cord blood from unrelated donors, and they are starting them in Europe as well. One of the biggest is Dr. Gluckman's in Paris, but there are also subsidiaries of that in England, Italy, Germany, and a number of other European countries. I was recently in Japan, and they are starting cord-blood banking, too. Also in China, so this is going along very well.

At Indiana University, we are still very interested in cord-blood banks and, especially, in focused cord-blood banks. That means focusing on certain disease states. The disease we are extremely interested in right now as a possibility for a focused cord-blood bank is sickle cell anemia. This has already been started with the pediatric department. We are currently looking for funding to pursue this further. Any child born into a family that has a child with sickle cell anemia will have cord blood collected, with the family's permission, to be used only within the family. If the blood is an HLA match for the sick child, those cells could potentially be used in the child's treatment. If the cells turn out not to match, we will still store them with the hope

> *"I think two children now have received gene-therapy-corrected cord-blood cells. These children had what is known as severe combined immunodeficiency syndrome, which is fatal congenital absence of an immune system."*
> —Dr. David Emanuel

the parents will give permission to potentially use them in an unrelated patient. If the cord blood collected has the sickle cell disease, these will be stored until gene therapy for this disease becomes a reality. If the bank works for sickle cell anemia, we can open it up to other diseases that are either closely related or other genetic disorders where

Dr. David Emanuel

these types of cells would be extremely important to have.

Post: That brings us to another question. What are some other disorders that might be treated with cord-blood therapy?

Dr. Broxmeyer: Well, you have genetic disorders: Hunter's disease, Hurler's syndrome, Wiskott-Aldrich syndrome, certain metabolic disorders. Those should be very amenable to use of cord blood. Then you have the cancers and the leukemias: acute myeloblastic, acute lymphoblastic, chronic myelocytic, chronic lymphocytic, and a number of other types of solid tumors that this can be used for. There are also immune deficiencies, such as severe combined immunodeficiency diseases where the immunological system doesn't work and the child gets infected very easily and can die from infections. Some other diseases may or may not be amenable to this type of transplantation. One example is AIDS. AIDS is believed to be caused by the HIV virus alone or in combination with other inciting factors. With a virus, unless you kill all the cells that have the virus and get rid of all of it, the virus could still be hanging around and reinfect other cells. Some transplants have been done with bone marrow for AIDS, but I don't think they have been very successful. If there were a way to stop the virus from being produced or from working, then there would be no reason why you shouldn't be able to come in with bone marrow or cord blood. So, for certain diseases, I think we are not yet ready to think about using cord blood, but for a lot of other diseases, we are ready.

Dr. David Emanuel works with cord-blood transplant patients at Indiana Univerisity's Riley Hospital for Children.

Post: Is this therapy only for children at the moment?

Dr. Emanuel: The clinical trials and the research at the moment is being applied to patients less than a certain weight. There is some concern that a cord-blood unit does not contain enough stem cells to engraft a fully grown adult. This is a theoretical concern at this point. We are conducting the trials by transplanting larger and larger people so that, eventually, we will be able to show that you can transplant cord blood into adults or larger children as well.

Post: Does cord-blood therapy actually cure a disease?

Dr. Emanuel: It's a difficult question to answer, because we don't know at this point. We do not know what the

Cord-Blood Banks Worldwide

New York Blood Center

Major Polyclinic Hospital, Milan

St. Louis Hospital, Paris

Heinrich-Heine University, Düsseldorf

Hadassah University Hospital, Jerusalem

long-term consequences of transplantation of cord blood are. Obviously, there is a much greater history of transplantation of bone marrow, and we know that transplantation of bone marrow from one individual to another has its own intrinsic therapeutic value. We call it graft versus leukemia, or graft versus tumor. Something about the graft acts against the tumor cells. One of the theoretical concerns about cord blood is, because it comes from an individual who has not been exposed to any bugs—has come right out of the womb—we do not know how efficient that baby's blood is in combating cancer or infections. So, one of the big research questions that still has

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TAKE MY HUSBAND...PLEASE!

When a girl of 16 becomes too old for Errol Flynn, she is ready to commit marriage with the first guy that comes along. There are times when she wishes she had waited.

by Lois Elizabeth Stoddard

Illustrated by Don Trawin

The reason I feel compelled to write "my side" of the story is because my lesser half, Maynard, just tried to run me down with his big red 11-horse Murray riding mower.

When I came out from behind the snowball bush, I ran to turn off the ignition so he could hear me gently ask, "How come you get so irritable at times?"

He said the sun had been in his eyes and he hadn't seen me installing the mole trap, then went into this claptrap about why a man's normally benign disposition will sometimes not come up to normal. But this hadn't been one of the times, he assured me.

"Irritability," he said, "can be traced to a couple of characters in our nervous system by the names of Anabolism and Catabolism." Now get this: "These two playmates spend the day serenely teetertottering on a board laid across our cell blocks. At times of frustration, however, the teetering picks up at a pace that causes little Ana, the female, to lose her anchorage, causing Cata, the honcho, to shoot sky-high. The result is irritability." He said for further details, see our family doctor.

Now I ask you, how could anyone in his right mind . . . but that's another story. The story here is, how could a young girl in her right mind get tied up with such a character in the first place? If you have nothing better to do, like cleaning the oven or taking the laundry to the creek—well, let's begin at the beginning.

In our day, it was every fair maiden's dream to be swept off her roller skates by Errol Flynn looking for a new recruit for his yacht. But when my 16th birthday put me beyond the age limit, I was ripe for the first guy who looked at me twice. (The one I ended up with jokes that he only did so because he couldn't believe it the first time.) And when my mother took the wheels off my roller skates for staying out past the 9:00 curfew one night, I was ready to marry just to get away from home, if nothing else. The only alternative was to apply to Ringling Brothers for the job of being shot out of a cannon.

Intuition told me to wear an off-white dress to our wedding. My wedding dress was so far off white, it was black. I didn't appreciate how appropriate it was at the time.

You have heard of do-it-yourself individuals? Maynard isn't one of them. He can't even open a box of

In desperation to avoid old maid status, a girl will impulsively promise to take a man for better or for worse—little realizing how bad it can be.

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Wheaties without an owner's manual. You should see him try to get the lid off a tin of sardines. He can't so much as get the key off the bottom without a screwdriver and a pair of pliers. And when it finally drops to the floor and slides under the refrigerator, it's up to me to stop lighting incense, find the key, pick off the cat hairs, and fit the slot in the key over the tab on the tin.

On a good day, he may wind the key all of an inch and a half before the tin strip breaks, runs off the track, or the key refuses to go farther. This leaves me to hunt up my buttonhook. But he's on his own when he begins to hook those physically impaired little stinkers out, body part by body part.

Here's another case in point. You know those little packets of Wendy's crackers? I've seen kids with stubby fingers open them in nothing flat. Hubby should take lessons from them.

"I don't see why they have to seal these things by thermonuclear fusion," he'll mutter, clawing at the seams. Giving up on this, he tries jabbing an opening with his pen, gnawing on one corner, and (finally) whacking the packet against the edge of the table. Before he can throw the "confounded dumb bunch of crumbs" against the wall, I gently take the packet from him, open it with my bare teeth, and hand it back. He usually forgets to thank me.

The funny thing is (to me, anyway), things that should stay shut, open. (I mean besides his mouth.) For instance, a pair of shoes that close with a single Velcro strap. The strap on the left shoe keeps flopping loose and Velcroing with the right shoe, which causes him to walk like he might be carrying an egg between his knees. And people keep stumbling over one another looking back to see if he actually is carrying an egg between his knees.

My dear husband is also the type who replaces a burned-out light bulb or installs a roll of toilet paper, then struts around as if he's just completed a solo round trip to Mars. Where other towns have their Fix-Up, Paint-Up Weeks, I'm waiting for our little village of Freedom to proclaim a Screw-Up Week, so dear hubby can come into his own.

Selling him on anything involving manual dexterity is like trying to sell Ex-Lax to an American tourist in Mexico. But one day, taking leave of my senses, I suggested that the abandoned upstairs nursery could be converted into a home office for him. What I had in mind, of course, was getting his desk and junk out of the living room so I wouldn't have to keep throwing a sheet over it when we had visitors. To my surprise, that same afternoon, he took the stepladder upstairs, then sawed off one of its legs while using it as a base for haggling off a piece of plywood.

To his credit, before fitting the haggled-off piece around the wall register, he had removed the outer flange that held the register in place. But in sawing off the other three legs of the stepladder to even it up, the saw blade had hit the register, sending the core down . . . down . . . down the hot air pipe into the bowels of the basement.

Locating the core consumed the remaining time he had allotted for the project. But in tearing the pipe apart (in half a dozen places) searching for the core, we finally found out what had happened to the kids' gerbil that had mysteriously disappeared three years before.

Oh, sure, this man I took to be my lawfully wedded husband has provided a laugh or two among his misadventures during our eon together. I still chuckle over the time he was stapling tile on the kitchen ceiling and stepped barefoot from the stepladder (an aluminum one) onto the range. Funny thing was, one of the burners had been left on. I had never seen a staple gun staple that fast—or seen anyone come down off a kitchen range without using a stepladder. Or for that matter, stick his foot in the john.

But getting back to my original story of when he attempted to run me down with his big fat Murray mower and that cockamamie story about Ana and Cata teetering across our cell blocks: If there should be any truth to it, the real reason he might have been out of sorts that day is that he had just come back from a game of golf. Hubby plays in the low 70s; if it gets hotter than that, he prefers to stay in the shade of the 19th hole. But score had nothing to do with little "Ana" losing her anchorage, as he bellyached to me. It was having to play behind a foursome of the "opposing sex."

"I know," he said, "that there are golferesses who can outplay golfers." (That was for my benefit, of course.) "But why must I get behind a foursome

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OPEN FORUM

A RIGHT TO DIE

In a rising tide of public opinion, Americans are looking at the controversial practice of physician-assisted suicide in a new light.

by William H. A. Carr

Janet Adkins of Portland, Oregon, who suffered from Alzheimer's disease, traveled to Michigan in June 1990 to end her life under the supervision of Dr. Jack Kevorkian. Her husband and family supported her decision to die with dignity. In 1994, Oregon became the first state to legalize physician-assisted death in a statewide referendum.

There have been many absurd laws on the statute books, but some of the silliest have dealt with suicide. For many decades, attempted suicide was a crime, for which the punishment could be quite severe. In some jurisdictions, the punishment was death—thus, the government could achieve for the would-be suicide what he had been unable to accomplish for himself.

In most jurisdictions today, it is no longer a crime to attempt suicide—but it is a felony to help someone else do it. In other words, most jurisdictions now say that it is illegal to help someone else commit an act that is wholly legal. That doesn't make much sense, but then, neither do a lot of other laws.

However, these days, the issue of suicide has come to the fore, mostly because of the tremendous advances in medical technology over the past three decades. When today's middle-aged men and women were young, people generally died "when their time had come," as the saying had it. That's no longer true. Now people can be kept alive, in many instances long after they are "brain-dead," to use an expression that had to be invented because of the new medical technology. Worse still, they can be kept alive while fully conscious, although they may be in agony with no hope of recovery.

Because of the growing awareness of this possibility, a movement has sprung up, spearheaded by the Hemlock Society of the United States, to legalize physician-assisted death in such terminal cases. As usual, the media was slow to note the significance of this movement. Derek Humphry's book, *Final Exit*, has been described by some as a sort of "how-to-do-it" book on self-deliverance. When the book hit the No. 1 spot on the bestseller lists—where it remained for half a year—the media awoke to a startling new phenomenon. Suddenly, "death with dignity" was a cover story for *Newsweek*, a major event for coverage by the biggest newspapers, and the subject of earnest discussion by columnists.

Some tried to portray the issue in liberal-versus-conservative terms. Although it is true that such liberal columnists as Anna Quindlen and Ann Landers did come out in support of the Hemlock position, some people of impeccable conservative credentials did so as well.

"There are dangers in the kind of situation we have today, in which good doctors must break the law to help their patients."
—William H. A. Carr

One was Ernest van den Haag, Ph.D., one of the academics who helped William F. Buckley and his *National Review* begin the conservative intellectual renaissance three decades ago. Van den Haag, a philosopher and social scientist, is a distinguished scholar at the Heritage Foundation in Washington, D.C. In other words, the man is not exactly a "flaming liberal."

In a long Op-Ed piece in *The Wall Street Journal* (which some might consider a fairly conservative publication), van den Haag wrote: "More and more people reach advanced age. But for many, disability makes life a burden. Yet even when life is no longer desired, or consciously experienced, medicine can now prolong it. Although still fallible, diagnoses have become far more reliable than in the past; prognosis is fairly certain. Miracles—medical or religious—are rare. It is reasonable, then, to allow physicians to actively help end life when the patient so desires. . . . We should no longer ask

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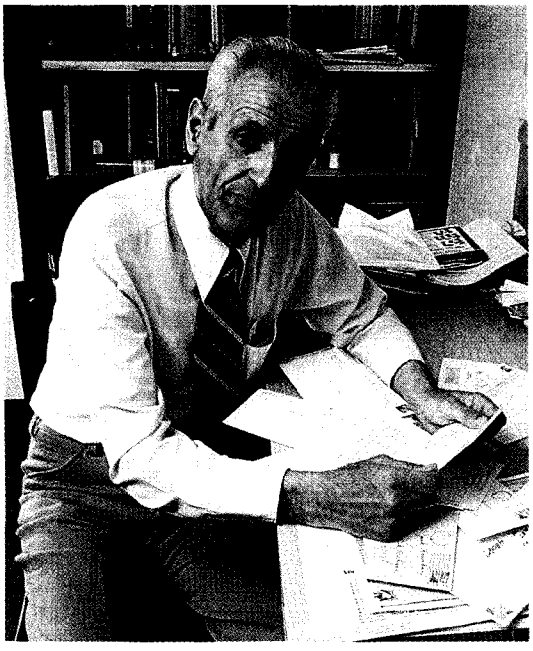

Retired pathologist Dr. Jack Kevorkian advocates the establishment of "obitoriums" for the terminally ill who want to end their suffering.

whether assisted suicide, or mercy killing, should be allowed, but rather under what conditions."

Another conservative voice was that of *The Economist*, a highly respected British publication. It devoted several pages to the issue of physician-assisted death and tackled head-on the argument, by some opponents, that allowing doctors to do this would start society down a slippery slope that would end with involuntary euthanasia of the handicapped and anyone else who might be deemed a burden on society.

Said *The Economist*: "The slippery-slope argument deserves to be taken seriously. But some of those who advance it teeter precariously on a much more slippery slope of their own. The rights of the individual, they say, must be balanced against the interests of society: the taking of a life, at the patient's request, may seem acceptable in particular circumstances, but must be forbidden because it attacks values that bind society together. This way of thinking seems likable on the surface, but it sets the rights of the individual at naught: in that respect, it is philosophically related to the view that society should exterminate those who are a burden upon it. People who put society above the individual are indeed well-advised to be wary of assisted suicide."

But what about the religious prohibition?

Several years ago, the Rev. Henry Van Dusen and his wife, Elizabeth, both of them in pain and with no prospect of recovery, joined in a suicide pact. The deaths were front-page news in *The New York Times* and most other newspapers because Van Dusen was president of Union Theological Seminary and one of the most respected theologians in the world. In a suicide note, Elizabeth Van Dusen wrote, "There are too many helpless old people who, without modern medicine, would have died, and we feel God would have allowed them to die when their time had come."

There are said to be six suicides mentioned in the Bible. The events that led to the suicides (for example, the betrayal of Jesus by Judas) are condemned, but the Bible's comments on each of the acts of suicide are neutral.

Although the hierarchy of the Roman Catholic Church has been emphatic in its opposition to euthanasia, spending millions to defeat such propositions at the polls, there are respected voices raised within that church in support of physician-assisted death. Dick Westley, philosopher and ethicist at Loyola University of Chicago, has published a book in which he says there is historical justification for church support of euthanasia, going back to the Middle Ages. "Euthanasia," he wrote, "is now seen as a tragic necessity required to protect human dignity."

The Unitarian-Universalist Church has supported the concept of euthanasia for some time. The United Church of Christ has recently come around to a favorable view of the issue. Many other denominations are reexamining their beliefs.

There is reason to believe that many religious groups will end up endorsing death with dignity, because religions have a habit of changing. George Fox would be hard-put to recognize in today's Quakers the Religious Society of Friends that he founded. Calvin would probably be bewildered by the Presbyterian Church of today. Even the Roman Catholic Church would be astonishing to a medieval pope.

This is not a criticism of these religious groups, but a tribute. The church was made for the living, not for the dead past; as times and social conditions change, revelation brings about appropriate changes. That's why the church endures.

If physician-assisted death were permitted, would doctors participate? Of course, some would not; everyone looks at this issue in the light of his or her own conscience. However, there are indications that some doctors would help certain patients die

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Updating the Physician's Oath

Some people who are opposed to the idea of physician-assisted death cite the Hippocratic oath as a barrier. In fact, many medical schools no longer administer the oath, which was drawn up more than 2,400 years ago. Obviously, current medical practice is quite different from that of early Greece. Moreover, those who invoke the Hippocratic oath inevitably find themselves defending a document that, for many years, has been more honored in the breach than in the observance. For example:

The oath begins: *I swear by Apollo the physician, by Aesculapius, by Hygieia* [goddess of health], *by Panacea, and . . . all the gods, all the goddesses. . . .* Are we to assume that every physician who takes the oath thereby forswears Christianity, Judaism, or any other modern religion in favor of the old pagan gods and goddesses?

The oath continues: *[I will] consider dear to me as my parents him who taught me this art; to live in common with him and if necessary to share my goods with him; to look upon his children as my own brothers, to teach them this art if they so desire without fee or written promise. . . .* One wonders how many physicians, over the years, have felt compelled to live up to those parts of the oath.

Realistically, the Hippocratic oath should be viewed as a quaint and admirable relic of the distant past, part of the truly glorious history of medicine—but not as a restriction on physicians who want to provide their patients with the best possible care.

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THE AMERICAN LEGION: PATRIOTS WITH A PURPOSE

A 75-gun salute is in order for this red-white-and-blue organization that tips its hat to the past, but has its eye on the future.

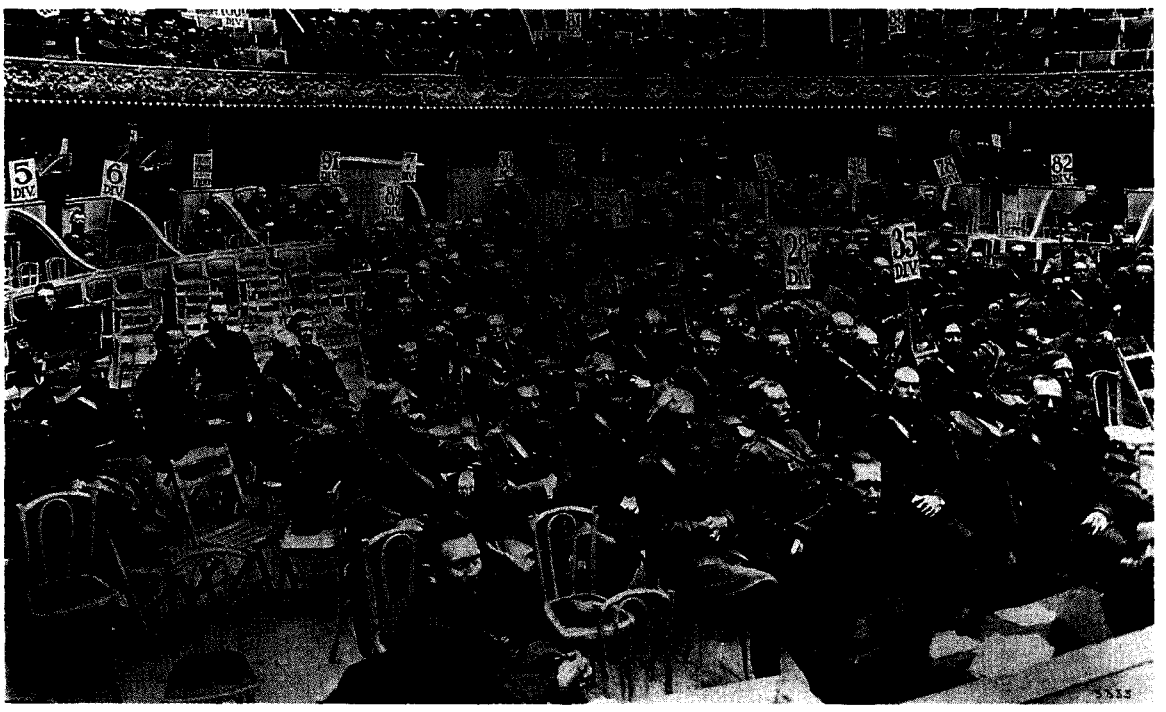
by Jean Browning Rose

In the American Legion emblem, the wreath pays tribute to the fallen; two bronze rings pledge service to community, state, and nation; two gold rings symbolize care for veterans and youth; the star symbolizes victory in WWI. In sum, the blue and gold emblem stands for truth, remembrance, honor, service, rehabilitation, child welfare, loyalty, and Americanism.

Today, some would have you believe that cynicism is in vogue and patriotism out of style. They're wrong. Yankee Doodle lives, and you don't have to go far to find him. Just stop by any American Legion post, and you'll discover do-or-die nephews (and nieces) of Uncle Sam ready to go to bat for Americans anytime, anywhere. These citizen-soldiers are neither uncertain about what they stand for nor shy about declaring it to the world.

Drop in on Banner Day at a local elementary school, talk to a teenager at Boys or Girls State, judge a Legion-sponsored high-school oratorical contest, chat with the American Legion Scout of the Year, watch the *real* national pastime at a Legion baseball park, or just wave Old Glory the next time Legionnaires parade down Main Street, U.S.A., and you'll see what patriotism and service to community and country look like.

The concepts and values upon which our country is founded are alive and well in these places—and in the hearts and minds of some three million Legionnaires across the land. They cherish the old verities of *honor, courage, vigilance, service, sacrifice,* and the *rule of law.* To a Legionnaire, these words are not merely old-fashioned ideals consigned to the neglected pages of outdated history books. They are words to live by.



Legion founders convened at the Paris Caucus in 1919 to set the group's goals, principles, and mission. Rules established that military rank and political party would have no place in the organization.

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Two outstanding delegates from each Boys State go on to Boys Nation in Washington, D.C., where they conduct mock elections and set up all branches of the national government. President Clinton is a 1963 Boys Nation graduate.

Strength through Diversity

The men and women of the American Legion come from all age groups, ethnic origins, socioeconomic classes, and political parties. This wellspring of human talent keeps the organization strong and vital. What keeps them united is one immutable common bond: they are all Americans—and proud of it.

"We believe a veteran is a veteran, and benefits and rehabilitation are nonpartisan issues," says E. Roy Stone, Jr., chairman of the South Carolina State Agency of Vocational Rehabilitation, who has served the Legion on the national level for 48 years. He holds firm to the tenet that those who have served our country, often at great personal sacrifice, deserve the nation's appreciation and support.

"If something is good for veterans, the Legion will be for it," Stone says.

In return, the Legion established its mission to serve not only veterans, but also the community, American youth, and the nation. And this self-supporting veterans' organization, which recently celebrated 75 years of service, has raised countless millions to deliver on that promise.

Veterans' Programs for *All* Americans

Each time the winds of war subside, returning veterans must face the often-difficult adjustment to family and community. Since 1919, the American Legion has done battle on the homefront to provide programs and services to ease veterans' reentry into a peacetime America, a peace secured by their hardships and sacrifices on the battlefield.

Their achievements are impressive. They lobbied for the World War Veteran's Act of 1924, which established, among other things, standards for veteran rehabilitation. Legionnaires launched national campaigns to influence Congress to construct hospitals, provide financial and medical assistance to disabled veterans and their families, set up unemployment services, and establish a federal Veterans Administration.

In Memoriam: Those Who Sacrificed for America

Ever important to the American Legion is the appropriate honor and dignity with which Americans remember the debt this nation owes those who

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have fallen in battle.

In large measure, credit goes to a special Legion project for beautifying and dignifying the tomb of the Unknown Soldier in Arlington National Cemetery. When the tomb was being chipped away by souvenir hunters in 1937, the Legion pushed for a 24-hour military guard. In addition, the Legion (and its auxiliary) raised funds for permanent lighting of the tomb.

On November 13, 1982, a memorial was finally dedicated in the nation's capital to honor Vietnam veterans, who had often encountered disrespect and scorn when they returned home from battle in that unpopular war. The American Legion was the largest contributor ($1.2 million) to the project. Jan C. Scruggs, president of the Vietnam Veterans Memorial Fund, singled out Legionnaires as the major role players in getting the memorial built and financing its construction.

Even military personnel buried abroad are not forgotten. The Legion's Overseas Decoration Trust provides flags and other decorations for graves of GIs buried on foreign soil.

Fighting for Veterans' Unique Health Concerns

Champions of healthcare for veterans, the Legion has labored tirelessly to demand that government acknowledge responsibility and provide medical assistance to veterans suffering from problems acquired directly from military service.

> These tough, dedicated citizen-soldiers have played a leading role in making America into the world superpower that we know today.

Recently, victims of Agent Orange received much-needed aid when the Legion, along with Columbia University, confirmed the link between the defoliant and disease. The Legion also supported studies that revealed posttraumatic stress disorder (PTSD) to be the underlying cause of many serious readjustment problems affecting veterans of all wars, not just Vietnam. The Legion then persuaded the Veterans Administration to provide treatment, counseling, social services, and employment assistance to PTSD sufferers.

A Legion task force is still campaigning for benefits for veterans suffering from the effects of mustard gas, asbestos, atomic radiation, government experimentation, and the yet-unidentified illness of those who served in the 1991 Gulf War.

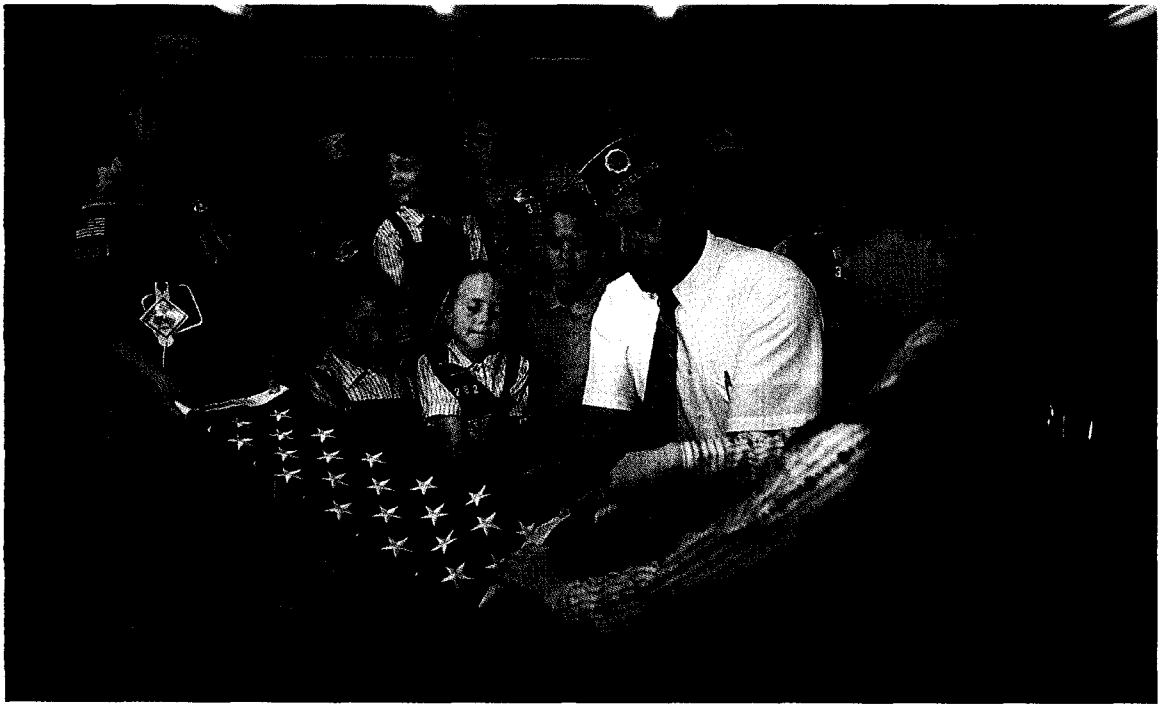
The GI Bill: A Work in Progress

But chief among the Legion's accomplishments is the GI Bill of 1944 (updated to help veterans of the Korean, Vietnam, and the Gulf wars).

"In my view, the GI Bill of Rights, passed in 1944, is the most important piece of legislation produced by the Congress in this century," said William J. Crowe, Jr., former chairman of the Joint Chiefs of Staff. "It was an act initiated, sponsored, and sold by the American Legion," he added.

The program benefited *all* citizens by educating and training veterans to enter the job market in postwar America. Employed vets *paid*, rather than *drained*, taxes from public-assistance programs.

Through Legion-guaranteed home loans, vets reentered the American



Legionnaires volunteer their time on many civic-minded projects, including sponsoring Scout units, where one of their principal missions is to teach flag etiquette to Brownies, Cub Scouts, Junior Girl Scouts, Boy Scouts, and any other curious youngster who wants to learn the proper respect for the Stars and Stripes.

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Legionnaires step out with pride, holding high the flag in convention parades. Not all is serious business; traditional parades include stirring bands and crazy cars—all in fun and good spirit.

economy, stimulating the real-estate market and increasing the consumption of household goods, appliances, and everything that goes into making a home and family. These tough, dedicated citizen-soldiers, along with others of the post-World War II generation, have played a leading role in making America into the world superpower that we know today.

Commitment to American Youth

Of late, much has been said about how "it takes a whole village to raise a child" and that we must all take an interest in the health, welfare, and education of our young people. Scholars and politicians alike warn that the younger generation has little understanding of American history or the principles and values that made this country the great republic that it is.

These are not new ideas to Legionnaires. As far back as the 1920s, Legionnaires saw the need to care for and provide direction to the nation's youth, particularly the children of disabled or fallen comrades. They proposed: "The child of every veteran should have a home, health, education, character, and opportunity." And they put their money where their proposition was by including children's programs in a $5 million Veterans' Rehabilitation Endowment Fund.

Building Good Citizens Through Scouting

Even earlier, in 1919, the Legion supported the Boy Scouts. Local posts to date have chartered more than 2,400 units, and hundreds more receive financial assistance and countless volunteer hours. The Legion also awards competitive scholarships annually to Eagle Scouts.

Batter Up!

Concern for the physical fitness of America's youth resulted in the formation of American Legion Junior Baseball in 1925. Thomas A. Rumer, author of *The American Legion: An Official History, 1919-1989,* wrote that an additional impetus for sponsoring the national program came from the director of the Legion's Americanism Commission, Frank C. Cross, who was determined to "fight the seamier aspects of 'professionalism' in amateur sports."

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THE AMERICAN ILLUSTRATORS HALL OF FAME

A TRIBUTE TO MAN'S BEST FRIEND

No Gibson girl or beauty queen
can claim as much "doggone" appeal as mankind's
most faithful and playful companion,
as Post *artists have so very*
colorfully illustrated.

by Steven C. Pettinga
and Maynard Good Stoddard

Had the painter brushed up on painting etiquette and posted a "FRESH PAINT" sign on his work before beginning the job, the cat might have led her pursuer in a different direction. The good news is, the tracks will be covered by a second coat—if there's one left in the bucket, that is.

The poem "Young and Old" by Charles Kingsley features this stanza:

"When all the world is young, lad,
And all the trees are green;
And every goose a swan, lad,
And every lass a queen;
Then hey for boot and horse, lad,
And round the world away:
Young blood must have its course, lad,
And every dog his day."

Over the years, America's foremost illustrators have given man's best friends their day via *Post* covers. In reviving the best of these, it becomes appropriate to add comments on the dog from the great, the near-great, and (possibly) the little-known among his friends.

"If you pick up a starving dog and make him prosperous, he will not bite you," Mark Twain wrote. "This is the principal difference between a dog and a man."

Humorist Ogden Nash said: "A bargain dog never bites." (Better read that again, only more slowly.)

And from the poet Oliver Goldsmith:

"The dog, to gain some private ends,
Went mad and bit the man. . . .
The man recover'd of the bite,
The dog it was that died."

Rudyard Kipling added: "Brothers and Sisters, I bid you beware/Of giving your heart to a dog to tear."

Yes, dogs have become more than pets. They have integrated themselves into our daily lives as deeply loved and admired members of the family. Many a dog now leads a life that would make Renaissance royalty envious.

Yet, there are dogs today who wander city streets and country roads looking for no more than a crust of bread, hoping for no more than a friendly pat on the head. Perhaps Byron wrapped it up best when he wrote:

"The poor dog, in life the firmest friend,
The first to welcome, foremost to defend."

A boy is not ready to face the world until he has a dog at his side. This faithful companion will look up to him, depend upon him, defend him, and forgive his indiscretions. All he asks in return is to be forgiven for his own occasional impulses for chasing the chickens or sending the cat up a tree.

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THE SATURDAY EVENING POST

An Illustrated Weekly

Founded A° D° 17[illegible] Franklin

10c. in Canada (INCLUDING TAX)

Volume 204, Number 50

JUNE 11, 1932

5c. THE COPY

BEGINNING A NEW CHARLIE CHAN SERIAL

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"Where, oh where, has my little dog gone/Oh where, oh where, can he be?" Artist Frances Tipton Hunter has painted the answer in this memorable Post *cover. The eyes alone tell us the little dog does not care to be gussied up in that fancy coat. As for being dragged out of a warm house into the teeth of a raging blizzard, he'd prefer a bath. Being laughed at by other dogs, or death from freezing or drowning, leaves a poor dog little choice.*

Man's best friend joins Junior to become Mom's best friend. But even with a "Happy Mother's Day, Mom!" and a sentimental card, it's evident that artist Dick Sargent has gotten both boy and dog off on the wrong foot. Or feet. And paws.

A spin-off on the old "bull in a china shop" theme, artist George Hughes has put Bernie, the St. Bernard, into a shop of breakables. The lamps being already 10 percent off, the salesman's main concern is how to keep them from becoming 100 percent off. Giving Bernie the benefit of the doubt, he may have nothing on his mind but a romp with the little guy on the table waving the Chinese walking stick.

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THE SATURDAY EVENING POST

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A GLENCANNON STORY

BY GUY GILPATRIC

I SAW AMERICA—BY DAVID LAWRENCE

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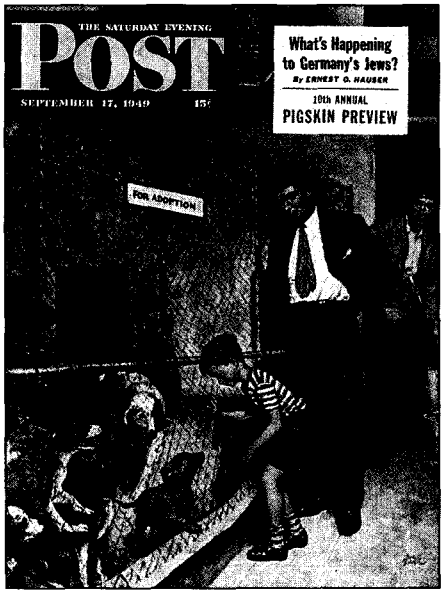

A boy wants a dog, a dog wants a boy. And artist Amos Sewell wants his first **Post** *cover to be one of love at first sight. After going to a refuge for homeless dogs to sketch and photograph details, it became almost love at first sight for the artist and one particular dog. But in the end, he went home alone—to the four Sewell cats.*

Shorty, the same dog portrayed on the September 17, 1949, **Post** *cover above, now rates his very own dwelling. Not that he has been evicted from the big house for chewing up* **The Saturday Evening Post** *or anything like that, but now he will be able to get away for a little R and R and a chance to meditate—perhaps on how to chew up magazines and blame it on the cat.*

Now, let's get this straight. You expect me to hop through that hoop, and if I clear the box, I'll be rewarded with that lousy little bone, right? Well, I have a better idea. Why don't I just walk around the box and lay into that whole plate of chicken? Life is complicated enough without all that nonsense just to be fed, which is my doggone right anyway.

There are school days and then there are dog days. Artist Robert Kauffmann's cover tells us that true dog days are not in midsummer but when school days are in session. A dog can become mighty impatient waiting for his best friend to come out and race him home, race him down to the creek for a swim, then sit on the back porch steps sharing a slice of homemade bread liberally smeared with apple butter.

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THE SATURDAY EVENING POST

BENJAMIN FRANKLIN SCHOOL

5c.

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THE CASUALTIES OF DIVORCE

The breakup of a family is a heart-wrenching experience, but once the decision is made, sound advice can help you survive the legal and emotional complexities.

by James A. Buck

Illustrated by Don Trawin

"I always say a girl must get married for love," Zsa Zsa Gabor once said, "and just keep on getting married until she finds it."

Eight marriages later, we hope she finally did.

Zsa Zsa's marriages provided material for two generations of comedians, including Milton Berle, who wrote: "Every woman in Beverly Hills is wondering what to get her husband for Christmas. Zsa Zsa Gabor is wondering what husband to get for Christmas."

Strange as it may seem to today's newlyweds, Zsa Zsa was an *exception* to the rule in generations past. For most couples, promises made at the church altar in days of old included the line "till death do you part." Stranger still, the couples who said 'yes' to that promise didn't have their fingers crossed. Society pages in current local newspapers thus carry pictures of weathered, handholding couples celebrating their 50th, 60th, even 70th wedding anniversaries.

The long-lasting unions serve as verification that through thick and thin, rain, sleet, snow, fog, and dark of night, true love and growing respect are the things that have bound them through the decades, and that the years of love and struggles were truly worth it!

Sadly, today's statistics show that some states report as many divorces filed annually as wedding licenses applied for. The numbers, of course, do not include the couples who play at marriage without bothering to apply for a license—an arrangement that spares the trauma and expense of a divorce when he forgets to come home, or he remembers to come home, only to find a "Dear John" note propped against the cappuccino machine.

While divorce may make careers for comedians, in reality divorce is often a painful and lonely situation for all involved, famous or not, rich or poor.

"I hate to be a failure. I hate and regret the failure of my marriages," billionaire J. Paul Getty once said. "I would gladly give all my millions for just one lasting marital success."

Unfortunately, there are some relationships that cannot be salvaged for whatever reasons. The difficult decision to end the relationship has been made. Now the formal and complicated process of divorce begins.

Should I Get a Lawyer?

Absolutely. One of the famous lies in our trade is, "You won't need a lawyer; mine will take care of both of us." That goes right along with "don't worry about anything, dear; you can trust me. I'll take care of you." The fact that you get a lawyer does not mean that you still cannot work everything out. A good divorce lawyer will know the best marriage counselors who can help in reconciliation where children are involved.

"Extricating yourself from marriage is about as comfortable as getting yourself removed from a tub of wet cement . . . and a lot more expensive."

—Helen Gurley Brown

But if divorce is inevitable, there are many little quirks in today's laws, from the federal benefits available under COBRA to treating property division as alimony. There is no question that you should have someone point these out to you.

Some writers advise always getting an estimate of a lawyer's fee before retaining him, but in divorce this is nearly impossible. The fee will depend on how many times you will be in court, how many depositions are needed, and whether there are interviews of witnesses in custody or evaluation matters. The best way to protect yourself is to get a written contract, with set hourly rates and a list of probable additional expenses, such as photocopy costs, long-distance calls, depositions, and outside appraisers and experts' fees. Insist on a monthly bill, broken down by the hour and itemized. In this way, after a month or two with copies of the various pieces of correspondence and pleadings, you will be able to tell whether your lawyer is working, and you will have an excellent handle on costs.

Do some lawyers cheat on their time records? You bet. I know one lawyer who would have to be 324 years old if his time records were added up.

In one case where I represented the husband, the wife failed to follow the outline I've set out above. It was months before she got a bill from her lawyer, and when she did, it was a shocker. When she called to ask my advice, I refused to talk to her at first, even though the divorce was over. However, she persisted. When I finally took her call, I told her that, ethically, I couldn't discuss the fee matter with her. She said I had to because it involved ethics, and she felt that she was being swindled. All she wanted me to tell her was whether her lawyer's representations about telephone calls and conferences with me were accurate. I agreed to go that far, taking out my detailed bill and comparing what her lawyer's bill showed by way of contrast. The comparison was astounding, and it led directly to the wife filing a grievance with the Supreme Court Disciplinary Commission against her lawyer. In several instances, where my time records reflected no conference and no

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Strange as it may seem to many of today's embattled couples, the weathered seniors celebrating their 50th, 60th, even 70th anniversaries in the society pages didn't cross their fingers when they said, "I do."

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telephone call, his records reported more than an hour involved with me in discussing the case.

If you don't have a lawyer (preferably one obtained by recommendations of his or her former clients), you may fall for some tricks of the trade. For example, in many states, it is not necessary for a party to disclose all of his or her assets. To determine them, you must either file interrogatories, take a deposition, or get the party under oath in some way as to his or her assets and liabilities. If you don't, you stand in eminent peril of missing anything from a stock account to a pension.

One common divorce trick is to hide assets from a spouse. Once when I suspected one of my clients of doing this, I queried him about it. "Do you know where Cambridge City is?" he asked. After my negative response, he said, "Neither does my wife." He had a safe-deposit box in that small town about 60 miles away.

Another trick, which a lawyer might well catch for you, is the pattern of payment of business debts. The parties often enter into "divorce planning." When doing this, they realize, as one of my clients quickly observed, "if my business is the tail that wags the dog in this marital pot, and I am going to get the business, I had better reduce some of my business debt. I'll just take those municipal bonds that I have, which the court would award to my wife, to offset the value of the business, and I'll reduce business debt. Then, I'll have to pay my wife over a period of time because there won't be enough cash in the pot to make an equal division." He was right; she got the house, stock account, the motor home, jewelry, and furniture, and he got his exotic car and his business. He owed her money, but had no cash since he had paid off all his business debts. Thus, she got hers over time, much to her chagrin.

Watch Those Assets and Liabilities

The lines on a balance sheet in a marital estate can be very misleading. Ten thousand dollars in cash, in stocks, or in pension dollars may appear to be the same in the client's eye, but be careful; they probably are not. First, the pension dollars are untaxed. Depending on your age, the withdrawal of those dollars, to use them or invest them in another way, can occasion not only tax, but penalty. You will never get those pension dollars out without paying a tax. So if one spouse says, "I'll take the cash and you can have the pension, since you don't have one," be careful. A dollar is not always a dollar.

"Surely I am safe taking stocks," one lady said, when seeking my advice. "They are just the same as cash." I told her not to believe it for a minute, that we had real problems not only with the practical matter of the cost of reducing stocks to cash (as well as the time involved) with broker's commissions, but we also had a problem of *basis*. Basis is your cost in the stock. If we were dealing with the estate, on the death of the husband, it would be the matter of a valuation date or an alternate valuation date starting with the date of the husband's death. However, in a divorce situation, the spouse taking the stock in a dissolution takes the basis of the purchaser, thus possibly occasioning a capital gains tax at the time of sale. Generally, there is no tax on the transfer of these assets between spouses, but there certainly would be in the case of one spouse getting the stock with the lower basis and selling it at the higher price.

Even though most divorces occur before retirement at 65, pension dollars can be transferred from spouse to spouse through a *qualified domestic relations order* (QDRO). This involves a court order on the transfer to the plan administrator of certain qualified plans. Remember, a pension can be divided or awarded as an asset on a balance sheet, or it can be divided in kind at the time the employee or spouse is eligible. It varies from pension to pension and from state to state, and it even varies with certain federal pensions.

A business value shown on a balance sheet can be quickly identified as *book value* or, with certain appraisals, *adjusted book value*, determined by the value of the business' stock and other tangible assets. However, that is not always the full story. Businesses can have another value, one called *goodwill*, defined as the intangible, salable asset of a business as determined by its reputation and its relations with customers. In many states, any business, from the giant manufacturing corporation right down to the humble hot-dog stand operator, can build up a certain amount of goodwill. In many cases, accountants, appraisers, or investment bankers can determine goodwill of a particular business or professional practice. The unwary spouse may fall for the pleas of the doctor who says, "You know it is of no value if I am not there to work." Wrong! To accept the value of any business at book value may be allowing yourself to be cheated. Therefore, you need professional advice.

Other divorce tactics to watch for include:

• *Child custody.* Some parties who are not seeking custody will ask for it, or ask for joint or shared custody to intimidate a loving parent into a lower property settlement.

• *Setting a trial date.* Don't let the other side rush you into a trial date, very early, when you are not prepared. I don't mean to infer that every case need be or should be tried. They can be mediated; there can be arbitration; or you can just have an old-fashioned settlement. However, none of those things could or should occur until the parties each know the full value of the marital estate.

• *Getting a continuance.* It is a tactic that has had some success, but it is really unfortunate when you get to the

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BREAKING UP IS HARD TO DO

"Ben tells me he misses Dad when he's with me, and he misses me when he's with Dad. There's never a time when he doesn't miss the love of one of us. There's never a time when he can have the love of both parents together."

—Carly Simon, singer

"... a good marriage is a wonderful thing, one of life's greatest joys, and I've pursued that quest again and again."

—Melvin Belli, divorce lawyer

"What starts love is looking through rose-colored glasses. You idealize your future with this other person; you put your best foot forward. Then real living sets in. Romance takes a back seat to bills, job aggravations, family problems. You focus on those things instead of cultivating your relationship. When you plant a tree and don't water it, it dies. So does love."

—Marvin Mitchelson, divorce and palimony lawyer

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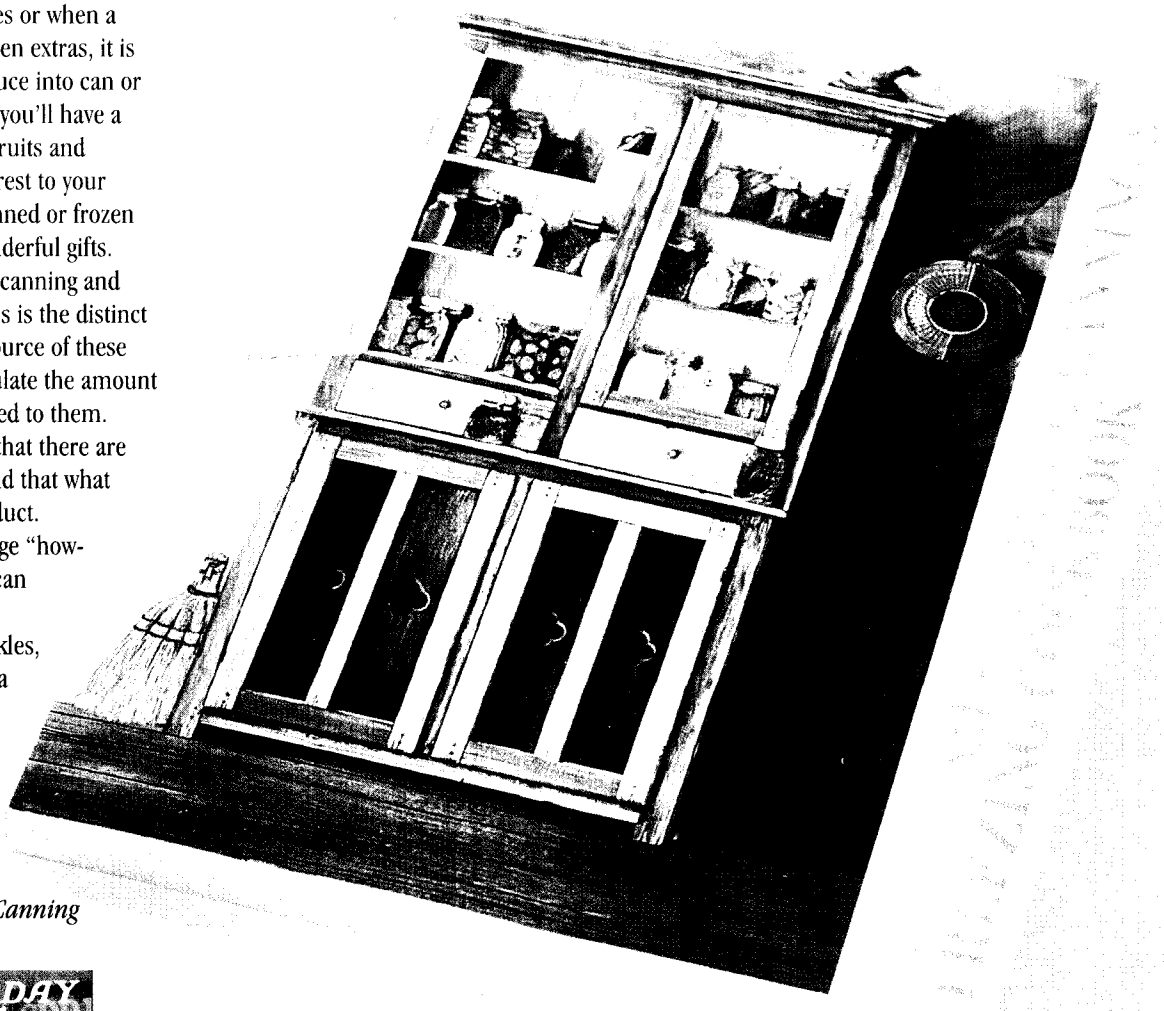

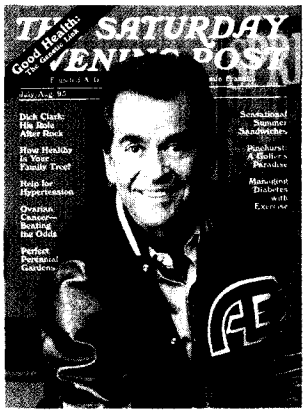

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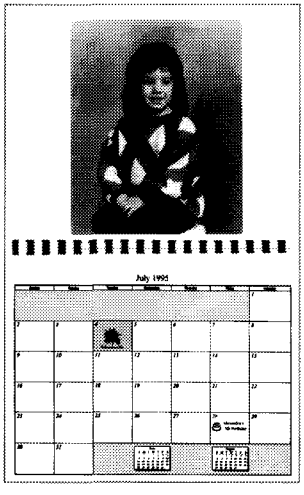

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Spanish Influence

continued from page 19

Cut chicken breasts and thighs into ¾" cubes. Reserve ¼ cup of each. Finely grind remaining chicken in food processor or meat grinder.

In large bowl, whisk egg substitute and flour, milk, cumin, nutmeg, pepper, pepper sauce, and garlic. Stir in ground chicken, reserved cubed chicken, scallions, and black olives.

Spoon cup of chicken mixture into prepared loaf pan. Arrange ¼ of pepper strips lengthwise over chicken, making 5 rows and alternating red and green (for remaining layers, alternate the pattern). Repeat, making 3 layers chicken sandwiched with 2 layers peppers. Set loaf pan in larger pan and add hot water to reach up sides of loaf pan by no more than 2 inches. Bake about 1 hour, or until golden brown on top and set. Let cool to room temperature on rack. Chill several hours or overnight. Invert loaf onto rectangular serving platter and peel off aluminum foil. If desired, decorate top with lemon slices. To serve, cut into 6 slices. May be served topped with Tomato Yogurt Olé.

Per Serving (⅙ loaf):
Calories: 101 Carbohydrate: 4.8 gm
Cholesterol: 35 mg Protein: 13.6 gm
Sodium: 194 mg Fat: 2.9 gm
Diabetic exchange: 1 vegetable + 1½ lean meat

TOMATO YOGURT OLÉ
(Makes 1½ cups)

1¼ cups plain fat-free yogurt
¼ cup tomato paste
½ teaspoon garlic powder
¼-½ teaspoon chili powder
½ teaspoon ground cumin

Combine all ingredients in medium bowl and whisk until evenly blended. Cover and refrigerate 1-2 hours.

Serve with fat-free tortilla chips or as a topping.

Per Serving (1 tablespoon):
Calories: 10 Carbohydrate: 1.4 gm
Cholesterol: trace Protein: 0.8 gm
Sodium: 11 mg Fat: 0.1 gm
Diabetic exchange (1 tablespoon): Free
4 tablespoons: ½ cup skim milk + trace fat

IBERIAN CORN DIP
(Makes 2 cups)

8 ounces softened fat-free cream cheese
⅓ cup mild or hot salsa
1 cup drained canned or frozen corn
3 tablespoons minced red bell pepper
2 tablespoons minced celery
1 tablespoon chopped jalapeño pepper
1 teaspoon cilantro
1 tablespoon fresh lime juice
Fat-free tortilla chips

Place cream cheese and salsa in work bowl of food processor or blender; cover. Process until well combined. Stir in corn, bell pepper, celery, jalapeño, cilantro, and lime juice. Cover and refrigerate up to 2 hours to blend flavors. Serve with fat-free tortilla chips for dipping. Store, covered, in refrigerator up to 3 days.

Per Serving (2 tablespoons):
Calories: 22 Carbohydrate: 3.6 gm
Cholesterol: 1 mg Protein: 1.4 gm
Sodium: 78 mg Fat: 0.2 gm
Diabetic exchange (3 tablespoons): 1 vegetable + trace of fat

VEGETABLE TACOS
(Makes 6 tacos)

⅓ cup sliced green onions
¼ cup chopped green bell pepper
1 teaspoon margarine
¾ cup cooked, drained corn
½ cup drained kidney beans
1½ tablespoons chili sauce
¼ teaspoon chili powder
½ teaspoon garlic powder
¾ cup (3 oz.) shredded fat-free Monterey Jack cheese
6 prepared taco shells, heated
1 cup chopped tomatoes
1 cup shredded lettuce
¾ cup (3 oz.) shredded fat-free cheddar cheese

Preheat oven to 350°. Sauté onions and pepper in margarine in medium saucepan over medium heat 5 minutes or until tender. Stir in corn, beans, chili sauce, and seasonings. Cook over medium heat, stirring occasionally, 5 minutes or until heated through. Remove from heat. Stir in fat-free Monterey Jack cheese. Fill taco shells with cheese-vegetable mixture. Top with tomatoes, lettuce, and cheddar cheese. Serve immediately.

Per Serving (1 stuffed taco):
Calories: 183 Carbohydrate: 19.3 gm
Cholesterol: 10 mg Protein: 10.4 gm
Sodium: 259 mg Fat: 6.9 gm
Diabetic exchange: 1 bread + 1 vegetable + 1 medium-fat meat

ARROZ À LA MEXICANA
(Mexican Rice)
(Makes 4 servings)

1 cup uncooked rice
1 tablespoon vegetable oil
½ cup chopped onion
1 clove garlic, minced

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1¾ cups low-salt beef broth
1 teaspoon ground cumin
1 tablespoon low-salt tomato paste
½ cup thawed frozen green peas
½ cup diced cooked carrots

Cook rice in hot oil in 2- to 3-quart saucepan over medium heat, stirring constantly, about 2 minutes. Stir in onion and garlic; cook, stirring, about 1 minute. Add broth and cumin. Heat to boiling; stir once or twice. Lower heat to simmer; cover with tight-fitting lid. Cook 15 minutes or until rice is tender and liquid is absorbed. Combine tomato paste and tablespoon water. Stir tomato mixture, peas, and carrots into rice; fluff with fork.

Per Serving (about 1 cup):
Calories: 208 Carbohydrate: 39.1 gm
Cholesterol: 2 mg Protein: 3.9 gm
Sodium: 22 mg Fat: 4.0 gm
Diabetic exchange: 2 bread + 1 vegetable + 1 fat

Patricia Richardson

continued from page 35

had to leave our schools and friends again. But then my mother, who's a very selfless, stoic person from a family of Marines, would tell us that what was good for our father was good for us—he would make more money; therefore, we'd be able to get better educations.

"And it turned out to be true," continues Richardson. "I went to a private, all-girls high school, which was great for self-esteem because you didn't get into that habit of giving boys deferential treatment and short-changing yourself. And I got a great university education at Southern Methodist at the same time their theater department had incredible people studying, like Kathy Bates and Powers Boothe."

When her parents visit the grandchildren now, says Richardson, "They never offer any advice on bringing up the kids, even though I'm always fretting that I'm not doing enough. They're especially impressed by how much time and attention Ray gives the children."

Richardson praises her husband lavishly for taking on all manner of household and parental chores, noting that he turned down a promising series at one point because it would have meant being out of town too much.

Unlike her TV husband, "Ray doesn't do any macho role playing," Richardson says. "Tim on the show does a lot of that posturing, of course, and feels sort of threatened by women. But even at that, you do see him cooking, and ultimately he's a good father because he spends a lot of time with the boys. If it were up to me, though, we'd also see more of him cleaning and doing the laundry. I'd like us to deliver a little message to all the men still out there who think it's the '50s, and coming home simply means watching television with a beer."

And if Richardson had her way, the Taylor family wouldn't live in such a typically spotless sitcom home. "The more reality based we are, the better. With Jill being at school and Tim working, it's totally unlikely, without a maid, that the house would be so

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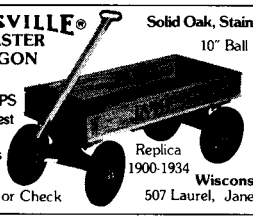
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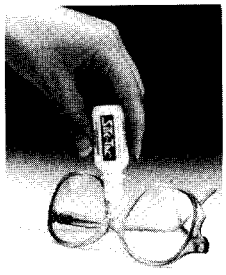

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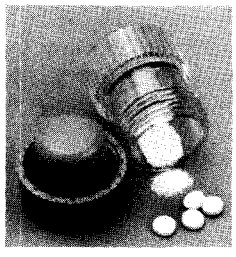

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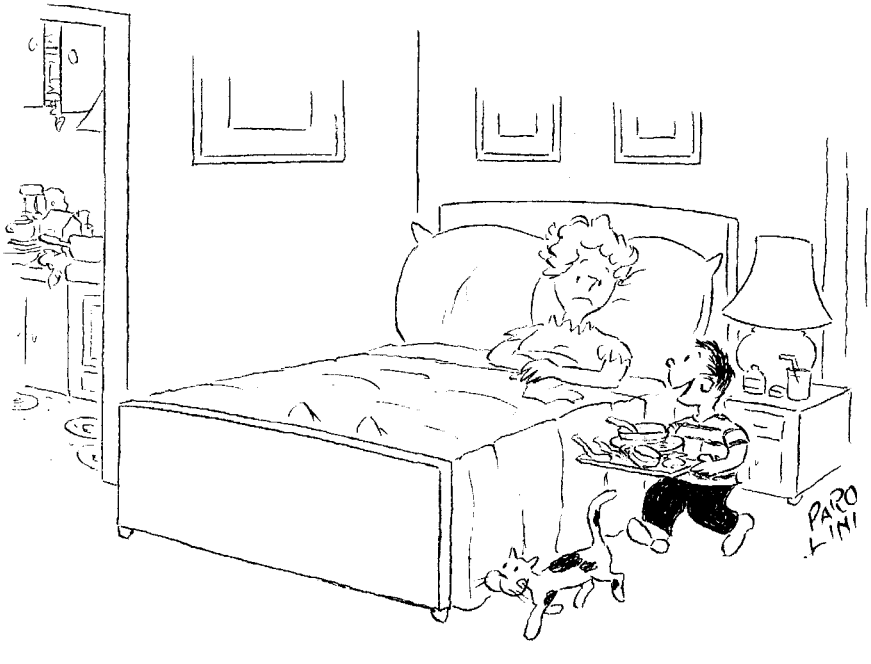

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perfect, the meals waiting on the table, the shopping already done. Every once in a while, the writers will let me work more of that in, but they have the perception that it should be more like 'Cosby.' I don't understand that, because I think that what people like most about the show is that they recognize themselves in the characters and their problems, so the more believable the family is, the more we can draw the audience in."

Certainly the Richardson-Baker home on L.A.'s west side isn't exactly a candidate for a magazine color spread any time soon. "The leather furniture and the walls are covered from Magic Marker, just gone," she says, resigned to the potential for twin mischief. "You try to teach them; you say no and are firm. You have to be the parent; you can't be their friend. But they're so active, it's unbelievable, and I don't believe in *too* much control, in smooshing down kids all the time. Quite a bit of that stuff they do that drives you insane is a learning experience for them. Instead of yelling and spanking, which don't work anyway, I believe in finding creative ways to keep their attention—turning things into a game, for instance. And, when they do something good, positive reinforcement and praise."

Because of the demanding "Home Improvement" schedule—ABC always asks for extra episodes to take advantage of its immense popularity—Richardson has made a point of turning down all work offers during the show's vacations to be a full-time mom. In May she made an exception, shooting a Lifetime Channel movie in North Carolina. Scheduled to broadcast in November, it's called *Sophie and the Moonhanger*. Says Richardson: "Even though it involved giving up family time for three weeks, I just had to play someone other than Jill Taylor for a change. The actress in me required it. I play a Southern woman who discovers her husband is a KKK member and, obviously, has to confront that."

Richardson says that no parent who hasn't had twins can grasp the impact. "It's like trying to explain to people who don't have children what it's like to have one. It was extremely hard going from being a parent of one to a parent of three, because now all these instant decisions have to be made about how you balance out the time and attention between them."

She says that's the case despite being able to afford a nanny to be with the twins during the day, either at home or in her Disney quarters. Mother doesn't always know best, but she sure is trying. "I know it's a lot harder for women who don't have enough help, but the truth is, no matter how much money you have, if you want to stay involved with your children and don't want to lose being a primary parent to them, you're still in the game. The nanny doesn't stay overnight. I still get the kids to the doctor and dentist and plan their play dates and buy their clothes."

After all of that, Richardson says the best thing that ever happened to her as an actress was becoming a mom. "It made my career so much less important," she says. "When I was in college, I was told you can only love your craft. Baloney! Before I had Henry, I was so single-minded about acting that there was too much

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tension around my work. There was too much desperation to succeed. Getting married and then having children just centered me and grounded my values. It was like a whole new world. It started happening in New York with a little play called *Cruise Control*, where I relaxed, and then I kept getting work in Hollywood till this series happened."

Her exposure as television's preeminent mom will only become more pronounced this fall as "Home Improvement" goes into syndication with local stations—which have paid dearly for the rights to the huge hit—airing reruns on weeknights across the nation.

Could she possibly be as credible as Jill without being a mother herself? "Good actresses can often accomplish miracles, and it is possible to be someone you've never been or will be. But in a sitcom, there's no time. It helps a lot if what you're doing is close to you as a person. If your life echoes the part you're playing, the writers will pick up on it. Sitcom producers really do tend to cast people who have a similar life, because there's material to be mined out of that. I don't even provide that much specific input about 'oh, this happened, that happened.' It comes out of that emotional feeling, that really knowing what it is to be a parent."

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Gardening For Fitness

continued from page 14

pleasures of working with nature," he says. "And it's an activity you can do all your life."

A test gardener for *Organic Gardening* magazine, Restuccio holds a black belt in tae kwon do and evolved his dynamic gardening program while working out in his own "regular suburban plot." Among his "fitness gardening" tips:

- Don't bend at the waist to pick things up; bend at the knees.
- Alternate your grip when raking, digging, or hoeing. If you're right-handed, rake or hoe first with a right-handed grip, then switch to a left-handed grip.
- Break gardening sessions down into two- or three-hour periods, rather than six-to-ten-hour marathons.
- Combine light gardening with stretching activities, such as the "lunge and weed": Lunge forward with one leg, weed for about ten seconds, then stand up and alternate legs.
- Remember to warm up and cool down to avoid overexerting yourself.

"When spring comes, it's natural to look toward the earth for exercise," Restuccio says. "But remember to enjoy the process, not just the product."

Right To Die

continued from page 51

with dignity. *The New England Journal of Medicine* reported on a survey of medical doctors in the state of Washington that showed 54 percent thought euthanasia should be legal in some circumstances, and 40 percent said they would be willing to assist patients in that manner.

As every physician, in moments of candor, is willing to concede, euthanasia is being practiced by doctors all the time, right now, despite the risk of being charged with a felony and perhaps losing one's license to practice.

"Physician-assisted death is a common but private occurrence," *American Demographics* reported four years ago. It quoted Dr. David Rogers of the New York Hospital-Cornell Medical Center as saying, "I have let lots of people die. I've helped some of them die, although I'd deny that in court. And that's true of most of my colleagues."

Some doctors talk, in private, about how, when a terminally ill patient has pleaded for something to end the agony, they will put a bottle of pills by the bedside and warn the patient, "Now don't get confused during the night and take too many pills, because there are 50 in this bottle and 30 is the lethal dose." Other physicians resort to the "morphine drip," with the dosage gradually increasing until it becomes a fatal overdose.

These are doctors who want desperately to serve the best interests of their patients. They deserve to be honored. Nevertheless, there are dangers in the kind of situation we have today, in which good doctors must break the law to help their patients, with no safeguards or guidelines. That is why the laws need to be changed.

That change is already underway. The first time the question of euthanasia was put to voters, in the state of Washington three years ago, 40 percent were in favor of physician-assisted death; 60 percent were opposed. That might sound like a loud and emphatic "no," but for a dramatically new idea that forces people to rethink some basic ideas about life and death, it was actually a surprisingly strong, though minority, response.

The following year, essentially the same proposition was put to the voters of California. Again it was defeated, but the percentages narrowed; 48 percent were in favor, 52 percent opposed.

Then, in November 1994, the voters of Oregon got a chance to express their views. This time, physician-assisted death won, 52 percent to 48 percent.

Under the Oregon law approved by the voters, the patient must be told that he or she has six months or less to live. The patient then must ask for medication to end his or her life; that request begins a 15-day waiting period. The attending physician must review the case, determine that the patient is mentally competent to make such a decision and is acting voluntarily, and inform the patient of other options besides euthanasia (hospice care, for example).

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Next of kin must be notified. The patient must be informed of the right to change his or her mind at any time. A second physician must be brought in to review the case and the entire process. If the patient is suffering from mental or emotional illness, or if depression is causing impaired judgment, he or she must be referred for counseling.

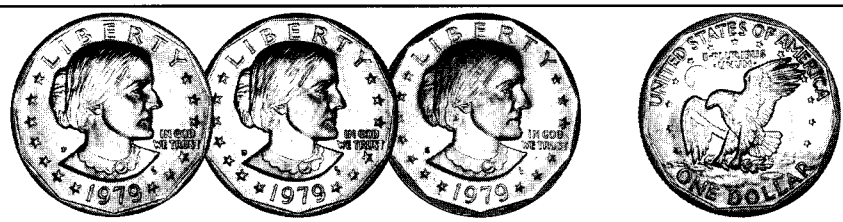
If all of these steps have been completed satisfactorily, the patient must voluntarily sign a written request, witnessed by two people, one of whom is not a relative or heir. Again, the patient must orally request lethal medication, and again the patient must be informed that the decision can be changed at any time. No less than 48 hours later, the patient can be given the lethal medication.

The new Oregon law is now being challenged in the federal courts with another case, from the state of Washington, in which physicians assert that the ban on assisting patients to die violates their right to practice medicine in the best interests of their patients (some of whom joined the lawsuit on the doctors' side). It is certain that the issue ultimately will end up before the U.S. Supreme Court, as any question of such importance should.

Regardless of the courtroom battles, there is little question that the tide of public opinion is running strongly in favor of euthanasia. A Gallup poll, reported in *American Demographics* magazine four years ago, indicated that 65 percent of the American public favored allowing doctors to help the terminally ill end their suffering if the patient and his or her family request it.

The changing demographics of our country contribute to this rising tide of public opinion. In 1950, there were 585,000 Americans 85 years of age and older. By 1990, that number had grown to 3.1 million. By the year 2005—just a decade from now—the number will have reached 5.3 million. Many of those people will want the comfort of knowing that, *if they so choose*, a physician will be ready, willing, and able to help them escape agonizing pain and the humiliation of helplessness by offering a death with dignity.

About the Author: William H. A. Carr is president of the Hemlock Society of Indiana.



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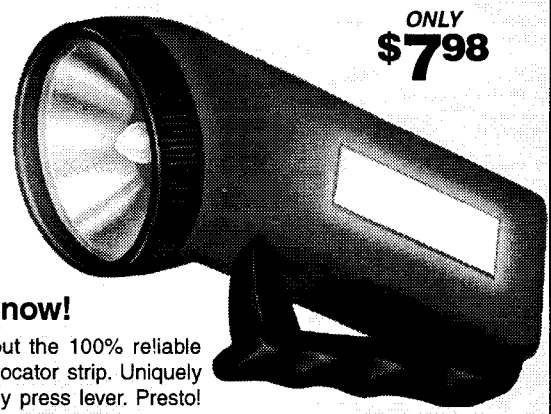

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Once a summer health haven for the urban upper crust, Mackinac Island now extends its lure past Labor Day for "fudgies" who can't bear to call it a season.

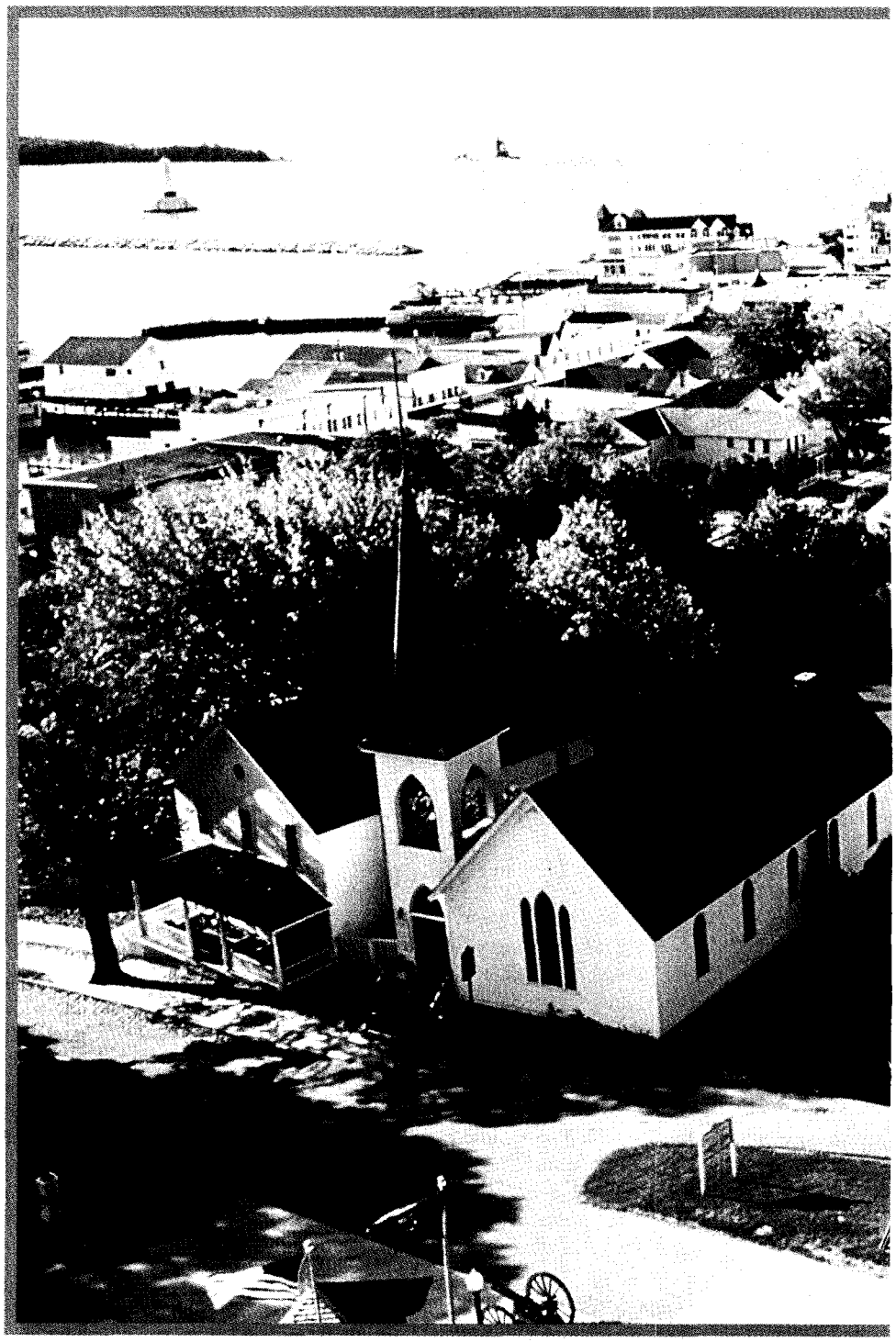
by Holly G. Miller

Mackinac Island residents are accustomed to tourists vowing to move heaven and earth to retire to their remote little piece of paradise. But when a Lansing couple recently announced that they would move their 1887 Victorian home north to accommodate his love for the island and her love for the house, that was going too far—25 miles, to be exact. The plan—they're still fine-tuning it—is to separate the house into cubes, transport the pieces from the middle of the state to Lake Michigan, move them by barge to the island, and then reassemble the two-story structure on its picturesque lot. Yet to be worked out is the small problem of getting the house from pier to homesite. The only modes of transportation permitted on the island are bicycles and horses.

Details, details.

Much of Mackinac Island's appeal rests in its quirkiness. Police here give tickets for reckless driving—island talk for two on a bike. UPS deliveries are made by horse-drawn wagon. The cemetery is so exclusive that a body has to own a home or business to qualify for burial. And, although students from around the state arrive by ferry for class trips in the spring, seniors at Mackinac Island Public School (appropriately called "The Lakers") think on a grander scale. This year's graduating class of four—Tom, Heather, Jim, and Melissa—opted for Europe in April.

Once a health haven for the urban upper crust of Chicago and Detroit, the island still offers R and R to wealthy families who unwind in magnificent Victorian "cottages" on the east and west bluffs. But the destination also is a friendly day trip for "fudgies" who arrive in the morning with cameras and beach towels and leave in the afternoon with sunburned noses and waxed-paper bundles of the gooey stuff. Islanders



Trinity Episcopal Church (left) is one of two churches that remain open during the winter months. Since the release of the 1980 romantic film Somewhere in Time, *the island has been a popular wedding location. As many as 500 couples exchange vows each summer, some choosing the romantic wedding gazebo at Surrey Hills, others opting for an "at-sea" ceremony during the 20-minute ferry ride from the mainland.*

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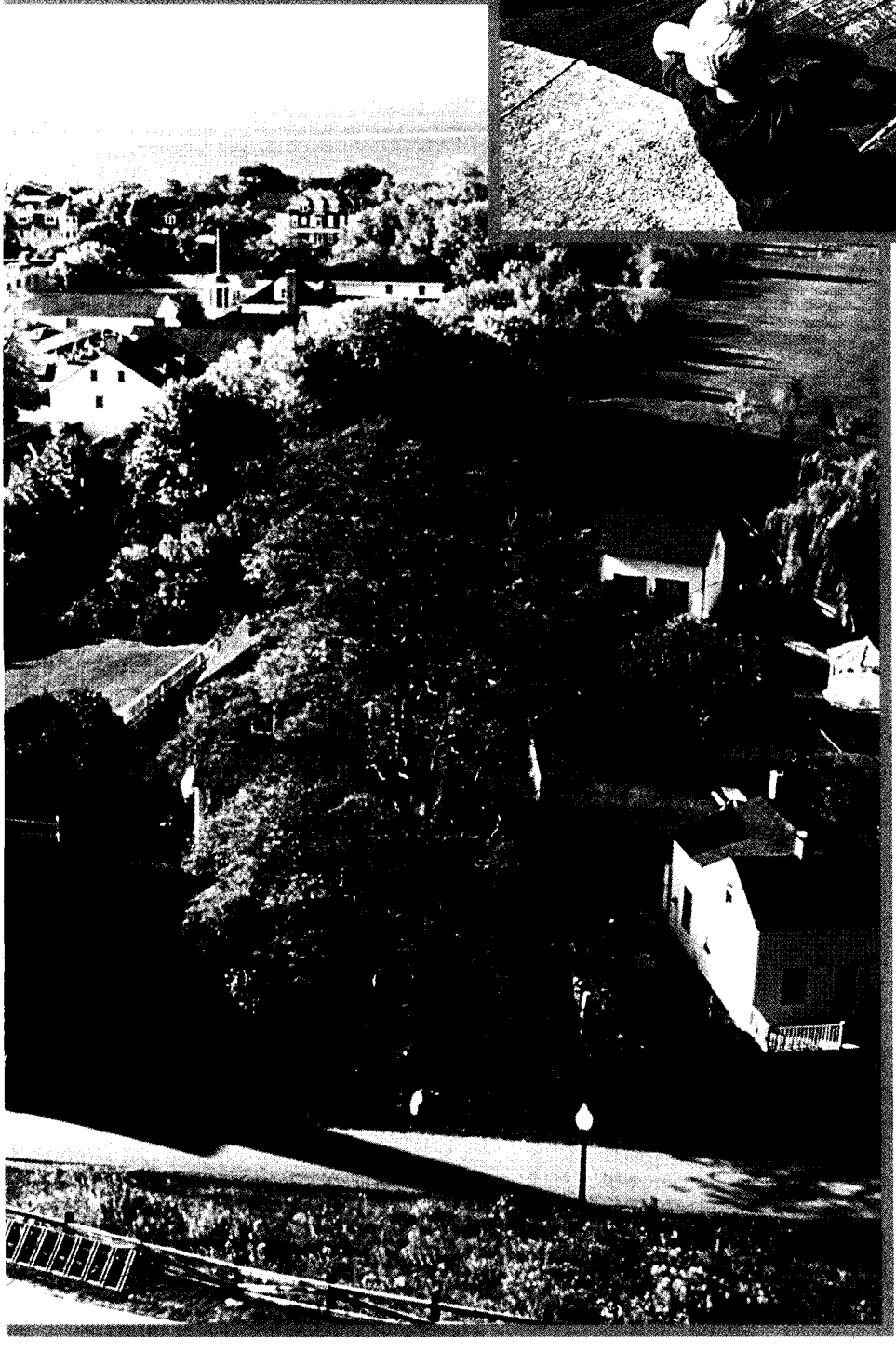
say that their famed fudge is unequaled anywhere in the world and cite former President Gerald Ford as proof.

"He was here for less than 24 hours in 1975, and every second was carefully planned," recalls David Armour, deputy director of Mackinac State Historic Parks. "The presidential armored limousine was shipped secretly to British Landing on the northwest side of the island and hidden in one of our service buildings in case of an emergency." As it turned



Fort Mackinac was built by British soldiers during the American Revolution and served as a sentinel in the Straits of Mackinac for 115 years. Today, visitors trace the footsteps of British and American troops by exploring historic buildings and watching lively demonstrations.

out, the only "emergency" occurred when Ford gave his Secret Service detail the slip and took an unplanned trip downtown for fudge. It seems he had sampled the treat 26 years earlier when he was part of the governor's honor guard of Eagle Scouts. He was ready for another wedge.

Besides the fudge, Mackinac has a fair share of "firsts" and "onlys" that are retold by tour guides who maneuver horses, buggies, and visitors through the compact historic district. Their spiel: The island once comprised America's second oldest (to Yellowstone) national park, but when the federal government gave the acreage to Michigan, it became Michigan's first state park. Also, the eight-mile road that meanders the shoreline in a lazy loop is the nation's only state highway without motorized traffic. And, of course, Market Street was the fur-trading hub of the Midwest until beaver hats fell from favor in Europe and caused locals to consider tourism as an economy booster.

It was a good idea.

The "season" that once opened in

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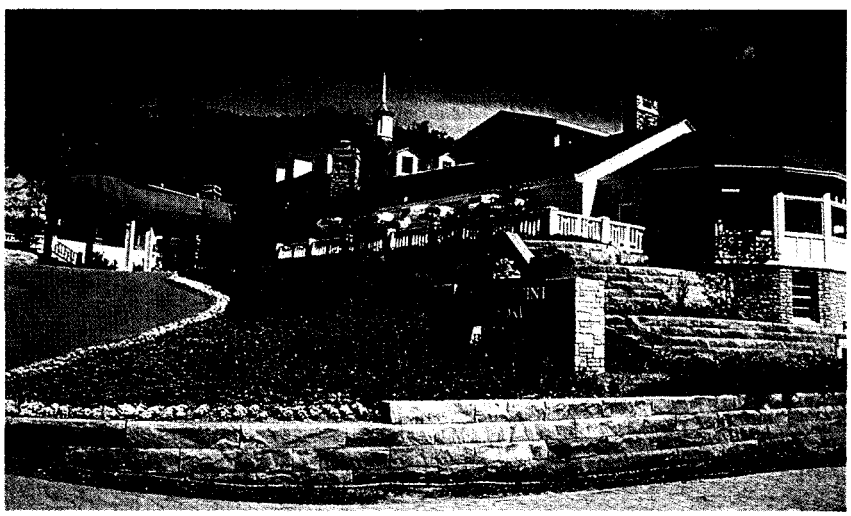
July and closed in August now stretches from spring to winter. Current hotel managers, shop owners, and tourism mavens have successfully marketed a Memorial Day celebration in May, a lilac festival in June, an annual run around the island in September, fall-color tours in October, and cross-country skiing events in December. These island-wide attractions are supplemented by smaller gatherings, such as a bluegrass festival at family-friendly Mission Point Resort and a Big Band weekend at the grandiose Grand Hotel. Fans of the 1980 motion picture *Somewhere in Time* arrive each October with hankies in hand to sniffle through another commemorative showing of the Christopher Reeve-Jane Seymour melodrama filmed on the island in 1979.

True Mackinac buffs prefer their island straight up without the twists. As the number of daily guests dwindles from 10,000 in the summer to a handful by late autumn, innkeepers throw extra logs on the fires and play host to the diehards.

"The highlight of our days is walking to the post office for the mail and then stopping by the Mustang Lounge for coffee," explains one year-rounder. After ferry service shuts down in January, the 500 permanent residents drill holes in frozen Lake Michigan, "plant" their discarded Christmas trees to serve as markers to the weather-obscured mainland, and skim across the ice bridge on their snowmobiles. The roar of gas engines that disturbs the silence is both a rarity and a necessity, assures one resident. "We have no choice," she says. "Even the horses go south for the winter." ▲

For more information, call the Mackinac Island Chamber of Commerce at 906-847-6418 or Mackinac State Historic Parks at 906-847-3328.



GET TO THE POINT

Mackinac Island's reputation as a summer spa once prompted Michigan surgeon H.R. Mills to prescribe a stay on the island for anyone "suffering from overworked brains or muscles." A century later, Mission Point Resort is still following the doctor's orders.

Like most island landmarks, the Point has a colorful past. Since the 1950s, the sprawling property has served as headquarters of an international peace movement, home to a four-year college that lasted four years and graduated one class, and a religious retreat for televangelist Rex Humbard. Local legend insists that a (friendly) ghost named Harvey—a long-deceased member of the college's historic Class of 1970—still haunts his old halls of ivy.

The Point's unique history is documented in framed photographs that line the walls of the hotel's one-of-a-kind lobby. Spectacular nine-ton pine trusses converge 36 feet in the air to give the structure a giant teepee-like appearance. Six massive fieldstone fireplaces circle the lobby, and overstuffed couches and shelves of classic books invite guests to kick back and enjoy the solitude. Huge picture windows overlook grounds that stretch to the water's edge and are dotted with dozens of white Adirondack chairs.

Now an upscale resort, the Point takes fitness seriously. A recent addition to the campus is a 3,000-square-foot health club that houses saunas, steam rooms, a nine-station training circuit, treadmills, free weights, tanning beds, swimming pool, and bike shop. Exercise was never this much fun at home.

And that's the Point.

Take My Husband . . . Please!

continued from page 49

whose members haven't seen one another for a month and one has had a baby, one is getting a divorce, one's husband is having an affair, and one has a hearing disability?

"It wasn't so much one of them knocking her ball backwards off the tee on her sixth practice swing. Or hollering 'Look out!' instead of 'Fore!' before beaning a guy putting out on the green ahead. Or spitting on a coin and tossing it into the creek for good luck before hitting the ball into the creek—then taking five minutes to retrieve the ball and ten minutes to locate the blasted coin.

"I'm talking about the one who ran her complete inventory of golf balls through the ball wash and then dried them by sticking a corner of the towel into every lousy dimple. I'm talking about her trying three different areas of real estate before finally locating a spot worthy of her tee—then removing the tee to examine it, I presume, for knotholes. You can't get off a good drive, you know, with wind whistling through a knothole in your tee.

"Then there's the tucking in of the hair, the adjusting of the skirt, the inspecting of the club head to see if it's on securely, the turning of the ball until the 'Trevino' shows, the execution of the perfect back swing for chopping wood, and the stopping at the apex to yell over the shoulder, 'Where's the green?'

"By the time her last worm-burner has dribbled the ball onto it, three of our foursome are dozing on the fairway, and the fourth has seized the opportunity to install new grips on his woods."

From the flecks of foam collecting on hubby's mustache, I guessed that the Bolism kids were a long way from regaining their respective positions on the teetertotter. But luckily, I had not planned on relocating the mole trap; he'd have run me down for sure. I wonder if Ringling is still hiring. ▲

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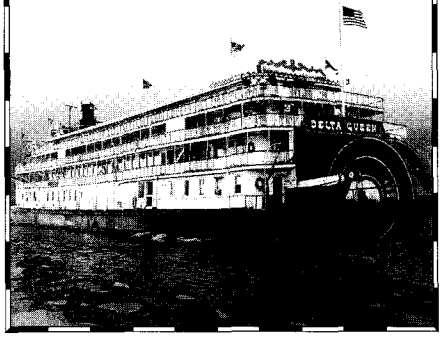

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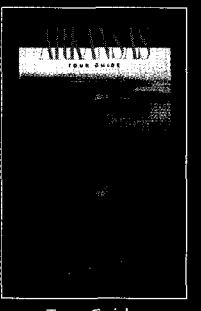
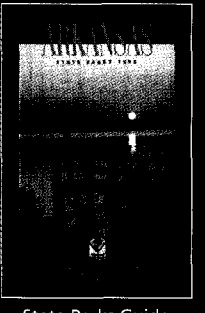
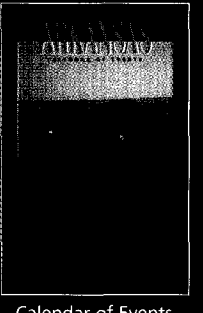

Tour Guide


State Parks Guide


Calendar of Events

Highway Map

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The Casualties of Divorce

continued from page 64

week of trail and the other spouse cannot get a continuance, so he or she fires his or her lawyer on the eve of the trial to get one.

• *Using financial leverage.* When one spouse doesn't have money and the other does, I have seen cases where the wealthy partner tries to break the other side financially by not agreeing to pay fees and forcing the other to run up huge bills for litigation support.

• *Unethical experts.* An older and wiser lawyer once told me, "All the whores in town aren't down on Mulberry Street." What he was referring to are appraisers and experts who can be bought. They are the "what number do you want" group. Be very wary of your spouse's experts and appraisers. If you have any question about a value, get it appraised yourself.

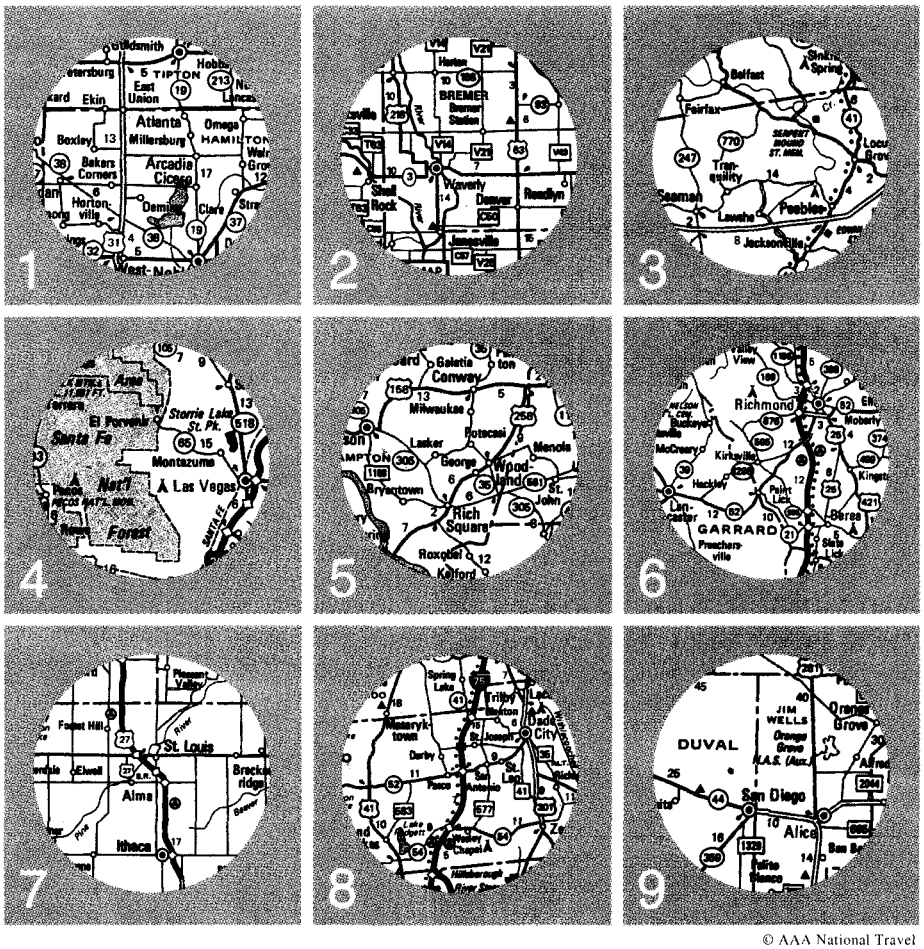
• *Getting appraisals.* A tip to the spouses who would be getting the household goods and jewelry: these items are customarily appraised in dissolution matters at "fair market value," not replacement value nor cost, as seen on insurance riders. It behooves you to get them appraised. They will be a real bargain. That thousand-dollar ring will probably come in at $400.

• *Undermining faith in your lawyer.* One of the favorite tactics of litigants in a divorce is to try to undermine their estranged mate's confidence in their counsel. It happens all the time. If you are beyond the settlement mode and getting ready for trial, remember the other party is your enemy, and your faith should be placed in your legal representative.

Divorce, if it happens to you, will be one of the most emotional times in your life, especially at the beginning. You may be confused, vulnerable, and prone to making many mistakes early. It is usually wise to take a trusted friend or family member with you to the first meeting with the lawyer so he or she can help you remember everything that is said and get you on the path to efficient settlement.

Sure, a few of those horror stories about divorce judges and lawyers are true, but most are not. In thousands of divorces, I have been "fixed," to my knowledge, twice. One of those judges is now in the federal penitentiary. For the most part, judges are honest, hardworking, underpaid people dedicated to seeing that each spouse gets a fair trial. Although the last survey I saw rated public confidence in lawyers as somewhere in the general proximity of used-car salesmen, I think this is one area where a lawyer (one for each spouse) can provide truly needed protection. ▲

About the author: *James Buck is a member of the Bar Association of Indiana, as well as the American Academy of Matrimonial Lawyers.*



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Where do you think you are?

East or West, North or South, each of the distinctive areas above appears on the map of a single city, state, or province. In terms of routes, state parks, mountains, and memorials, there is, as the saying goes, "no place like it." Can you identify these locations? If you find the game too easy (but you won't), try to guess the theme of this month's map game.

(Answers on page 95)

Taking Vitamins to Heart

continued from page 26

mutation, she found that she carries two copies. "I began taking B vitamins right away," she says.

Unfortunately, people may have difficulty getting themselves tested for the gene mutation. "It is actually a

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Shown smaller than actual size (Scale 1:18; 7" in length)

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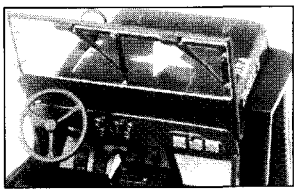
This jeep is reproduced in detailed die-cast metal in 1:18 scale (approximately 7" long), hand-painted in Olive Drab with authentic U. S. Army numbers stenciled on it and a striking white star on the hood ... just like the original. The windshield folds down and it comes with a spare tire, a "Jerry" can, and pick and shovel. The steering wheel actually turns the front wheels.



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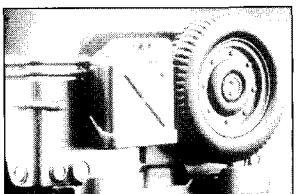

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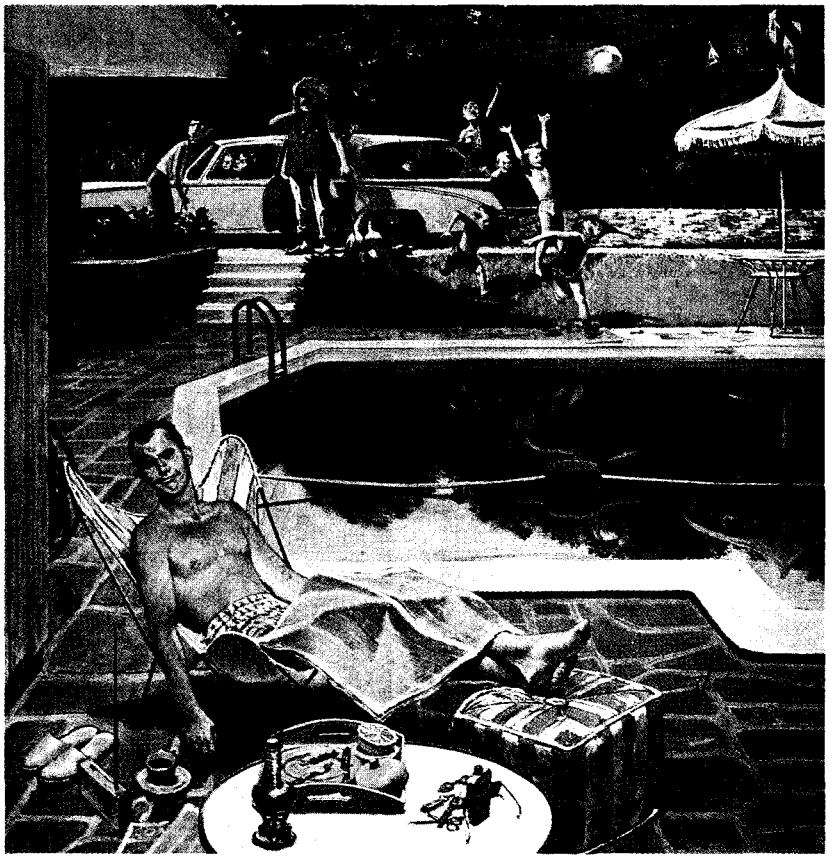
fairly straightforward test," Dr. Rozen explains, "but we are a research laboratory, and we don't offer that type of testing to the general public. The test has to go through some sort of development so that large numbers of individuals can be screened. We hope it will be available in a year or two to the general public through a diagnostic laboratory. That's approximately how long it takes for genetic tests to become available."

The newly found gene mutations are only part of the hyperhomocysteine (high homocysteine level) story. "There are clearly other genes in the pathways for homocysteine metabolism that could also contribute to hyperhomocysteinemia," Dr. Rozen says.

"In addition to the genetic deficiencies, there are nutritional deficiencies [in B vitamins]," Dr. Rozen adds. "So there really are two sides of the coin: the genetic and the environmental, or nutritional, contribution, and our work is really just one portion of that effort to identify all the factors."



Can you name this picture?

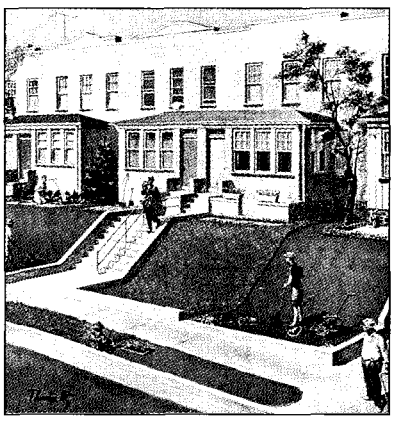
. . . contest: *The Saturday Evening Post* will award $100 to the author of the winning limerick for this picture. Your limerick must contain exactly five lines.

Send your entry on a postcard. Entries will not be returned. Enter as many times as you wish.

Send entries to: Limerick Contest, *The Saturday Evening Post*, 1100 Waterway Blvd., Indianapolis, IN 46202.

All eligible limerick entries must be postmarked by October 21, 1995.

The winner of the Sept./Oct. 1995 contest will be announced in the Jan./Feb. 1996 issue.



Our congratulations and a check for $100 go to Evelyn Kolden of Garrison, North Dakota, for the winning entry in our May/June 1995 caption contest.

Though duty attempts to recruit him,
He chooses diversions that suit him.
For unlike his neighbors,
Engulfed by their labors,
He hasn't a wife to reroute him!

The American Legion

continued from page 55

Cross averred that the Legion was "more than a match for avaricious moneychangers who seek to defile the temple of sportsmanship by bartering in amateur sports."

The program has run virtually uninterrupted ever since, claiming among its alumni 32 Hall of Famers, including Ted Williams, Bob Feller, Stan Musial, Yogi Berra, Carl Yastrzemski, Jim Palmer, and Reggie Jackson.

Last year, 4,522 teams made up of 16-, 17-, and 18-year-old high-school students from all 50 states and Puerto Rico competed in state tourneys. The 1995 American Legion World Series was held in August in Fargo, North Dakota, with the champions winning a trip to the Major League World Series.

Preparing the Statesmen of the Future

Sixty years ago, the first American Legion Boys State citizenship program convened in Springfield, Illinois. Boys State, which is centered around the study of local and state government, was inaugurated to counter a 1930s Fascist movement organized to win students from Middle America's high schools.

This week-long summer program for qualified young men (the Legion Auxiliary sponsors Girls State) between the junior and senior years in high school trains youth for practical citizenship. Goals include the development of civic pride and an understanding of American traditions and government. Most important are goals "to inculcate a sense of individual obligation to the community, state, and nation" and "to safeguard and transmit to posterity the principles of justice, freedom, and democracy." Outstanding participants from each state travel to Washington, D.C., for Boys Nation, which concentrates on federal government.

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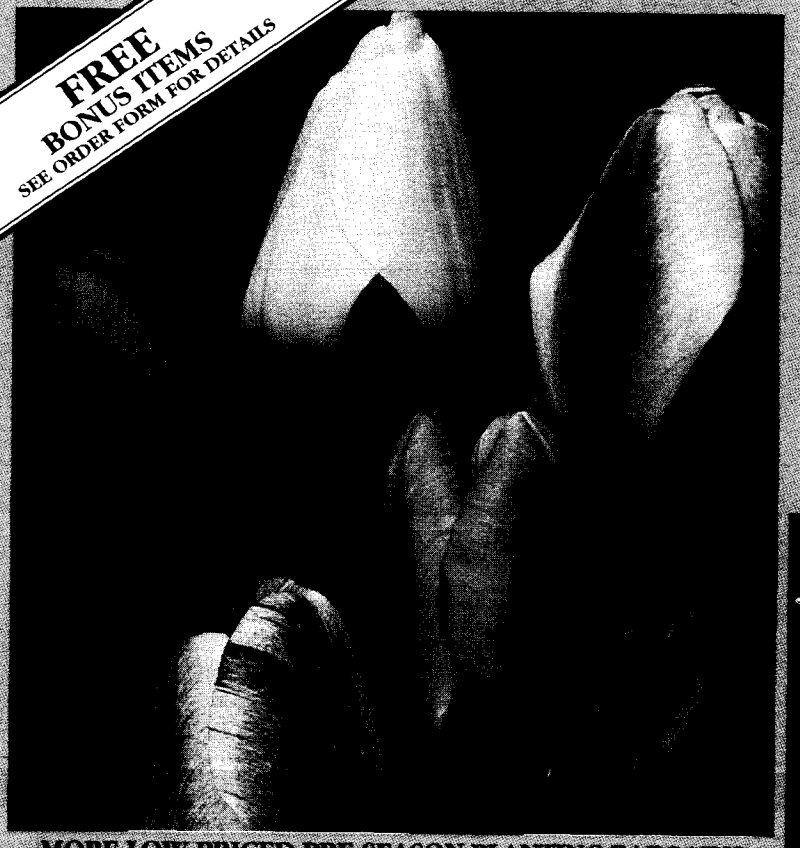

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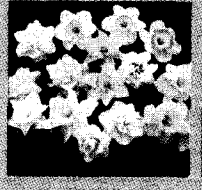

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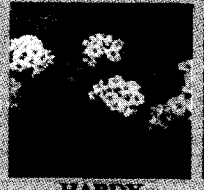

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Boning Up, Speaking Out

The Legion also sponsors a National Oratorical Contest to develop in high-school students a deeper understanding and appreciation of the Constitution of the United States by having them select and research a phrase of the Constitution that emphasizes duties and obligations of citizens to their government. Other objectives are to develop leadership and to help students learn to think and speak clearly and intelligently. Scholarships totaling $60,000 go to the four finalists.

Need a Lift to College?

The American Legion (in cooperation with National College Services and United Student Aid Funds) annually publishes an assistance package titled *Need a Lift?* This book, available in most high schools or on an individual basis, offers a comprehensive list of scholarships, grants, and loan opportunities; specific information on many colleges and universities; applications for financial aid; and career-development information.

Taking Good Care of America's Children

The Legion's Child Welfare Foundation and the Commission on Children and Youth wage hard-hitting campaigns to encourage immunization, promote child-safety programs, reduce juvenile delinquency, wipe out physical and sexual abuse of infants and children, and strengthen families. They fund dozens of other organizations that work for the benefit of children (such as the Red Cross, cancer-research programs, and camps for handicapped children). They even underwrite publications such as *Living With IBD*, a book for children who suffer from Crohn's disease and ulcerative colitis.

What About the Community as a Whole?

The number and variety of community programs supported by the Legion is limited only by the energy and ingenuity of individual Legionnaires. Each post can implement programs to meet any community need—as long as members raise the money and volunteer the hours necessary to get the job done.

The Legion's National Emergency Fund, along with thousands of volunteers, helps victims of such tragedies as hurricanes in Florida, earthquakes in California, floods in the Midwest, and the recent Oklahoma City bombing. And they will be there when next they're needed.

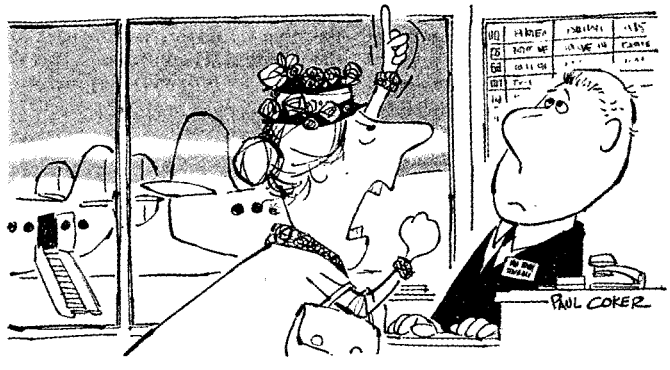
Long May She Wave

The Stars and Stripes have a special place in the hearts and minds of Legionnaires—and woe be to those who would desecrate it!

"Our Legion comrades . . . at that first convention made it clear that they had not carried the American flag abroad to return home and see it degraded in the land of its birth," said former president Harry S Truman in 1959 and quoted in the *American Legion* magazine in 1994.

While others may remain unclear about their position on a Constitutional amendment to protect the flag from public desecration, the Legion leaves no room for doubt. At its 1994 spring convention, the Legion declared, "There's no turning back from our commitment to the flag." To show they meant business, delegates approved additional funding to the Citizens Flag Alliance to continue the campaign to protect the flag.

As in the past, the American Legion's primary mission is to serve our nation's veterans. But, perhaps more important, the Legion can be counted on to continue serving communities, America's youth, and our great nation as a whole, for the Legion has always remained true to its motto: "For God and Country!"



The Perfect Squelch

A dense fog halted all flights from the big airport. The lobby soon filled with passengers eager to be on their way. Most of them philosophically accepted the airlines' obvious explanation about the fog. One whippersnapperish woman, however, refused to be satisfied. Taking a position directly in front of the counter, she rejected all efforts of a young assistant manager to explain the delay. Finally she said, "Young man, I don't believe you know what you are talking about. I insist on speaking to the person responsible for delaying my flight."

In a voice loud enough for everyone to hear, the young man said into his telephone, "Hello, operator, would you connect this party with Extension One in Heaven?"

—William R. Scearce

Life Blood

continued from page 47

to be addressed is how well cord-blood transplantation will do compared to bone marrow, as far as long-term success is concerned. Particularly relapse of the disease for which the transplant is being done.

Post: Could you explain for us graft versus leukemia?

Dr. Emanuel: Yes. Graft versus leukemia is a process whereby the graft itself, cells within the marrow or the cord-blood graft, potentially recognize tumor cells in the recipient of the transplant as foreign. The normal marrow would react against those cells and, hopefully, destroy them. Graft versus leukemia is a phenomenon that has been described in transplants from one individual to another and not in so-called autologous transplants. When you take the bone marrow from the patients themselves, clean it of tumor cells in the laboratory and give it back, graft versus leukemia doesn't happen, as far as we know.

Post: What obstacles need to be overcome before cord-blood transplants become standard therapy?

Dr. Emanuel: I think there are a number. We need to work out better methods to collect and store cord blood on a large

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- ❒ CRAMPING
- ❒ PAINFUL ANKLES
- ❒ HAMMERTOES

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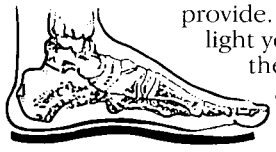

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What's New Underfoot?

continued from page 32

Comb Painting

The first technique resembles children's finger painting. Comb painting consists of drawing parallel lines and swirls in abstract, repeated patterns. The comb is simply a window squeegee with notches cut out.

After priming the floor, cover it with two coats of a light-colored, oil-based paint. When the second base coat is thoroughly dry, apply a top coat of a contrasting color, first mixing it in a ratio of three parts paint to one part thinner. While the top coat is wet, run the comb over it to create patterns. Experiment on scrap plywood before painting the floor itself, to test the pattern.

Do one small section of the floor at a time. To divide the floor into permanent squares, each with its own unique pattern of swirls and lines, make a grid using masking tape laid over the second base coat. The tape should be 1½ or 2 inches wide, and each square in the grid should be 12 to 24 inches on a side. Apply the top coat over the tape and comb it as described above. After the top coat is completely dry, pull up the tape to expose the lines of base paint surrounding each combed section.

Marbleizing

Replicating marble and other stone requires patience and practice. Try it first on a small area or around a border. The colors must mix and run, so latex and acrylic paints generally work best.

Start by priming the floor. Then apply two coats of white semigloss latex paint. Let it dry.

Prepare two or three pie tins with various mixtures of colored paint. Kits are available, or try the following recipes.

1. Thin some white latex paint and pour it into the first pie tin. Mix in a color to create a light, neutral tone. Add black to get gray, or umber to get beige, for example.

2. Thin some more white paint and pour it into the second tin. Put a dab of bright-colored acrylic paint, such as red or blue, into the white paint along one side of the plate. Put a dab of another color on the opposite side. Then create veins of color on the surface of the paint by dragging a sponge applicator or a paint pad over it.

3. For more colors in the final design, place small dabs of unthinned acrylic paint in the bottom of the third pie tin.

To marbleize a section of the floor, start by brushing paint from the first plate onto the surface to create a neutral base. Immediately dip a paint pad into the second plate and drag it lightly over the wet base paint so that all the colors run together slightly. Then add more colors from the third plate with a brush, drawing it in the same direction as the paint pad. Let the colors run. Repeat the process over the entire area to be covered.

Spatter Painting

The next technique is fun and easy. Success depends more on the choice of colors than on technique. Select one color for the solid field, one for the dominant layer of spatters, and one or two additional colors for accent spatters.

Prime the floor and let it dry. Then apply one or two coats of porch and floor enamel for the solid field. When it is dry, apply the dominant spatter color by dipping a brush into the paint and flicking it at the floor. Be thorough; spatter the entire floor. An average bedroom may take half a day.

Let the floor dry at least 24 hours and repeat the process using another color. Spatter the paint more sparingly; aim for about half as much coverage as the first pass. After it dries, you can add a third, again aiming for about half as much coverage as the second pass.

The Final Coat

No matter what type of paint or stain you use, it will wear better if it is covered with two coats of polyurethane finish. This tough, clear plastic will protect even the most delicate painted design. Polyurethane is available in spray or liquid. Apply either according to the manufacturer's instruction. The liquid types can be applied with a paintbrush or a roller (some rollers leave bubbles; one with mohair works best). Work slowly and brush or roll in the direction of the grain. Apply one coat, buff lightly with steel wool, and apply a second coat. Wait 24 hours before moving the furniture back into the room. ▲

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Life Blood

continued from page 82

scale. One part of a study, currently funded by the federal government and run through the New York Blood Center, is looking at that issue: How do you collect, store, and process cord blood on a large scale? We have learned a tremendous amount about the practicalities involved in collecting cord blood. The other obstacles are ones of size. Are there enough cells in a cord-blood unit to engraft an adult? Is there something intrinsically different about cord blood versus bone marrow that makes it a less acceptable source for transplantation? Is the relapse rate following cord-blood transplantation going to be higher? Is the rate of infection during the transplant procedure going to be higher? Those are the main short-term issues that really need to be looked at.

Post: What do you think of the concept of banking cord blood for self-insurance purposes?

Dr. Emanuel: That is a very controversial and debated point. There are a number of commercial entities in this country that are offering parents the opportunity to bank cord blood from their children that can be kept in the freezer for extended periods and would be available for their children in the future if they get a disease that could be transplanted with cord blood. The consequences of doing that on a large scale are societal ones. I don't think there are any medical reasons it should not be done. It is quite expensive, and it has some problems as far as applicability across patient populations. It might become standard practice in the future, but at this point it is only done on a fairly small scale.

Post: What other potential uses of cord blood do you envision beyond what you have already defined?

Dr. Emanuel: I think the same kinds of applications that are applicable now for bone marrow. The variety of conditions for which bone-marrow transplantation has been applied is growing every year. Now, I think we are getting into areas that we never anticipated before: for example, genetic diseases on a wide scale.

There have been very few cord-blood grafts done using autologous cord blood, except in the context of gene therapy. And I wanted to say something about that, because that is one of the areas we are very interested in and are beginning to work toward. If you have a genetic disease in a family (for example, sickle cell disease, or any one of a wide variety of different genetic problems), and a sibling is born in the family who may or may not be a carrier of that disease, we now have the techniques available for detecting a lot of these things prenatally. It is now not science fiction anymore to consider the possibility of collecting cord blood from affected individuals and using that cord blood for gene-therapy purposes, putting a correct copy of the gene into the person's own cells and then infusing those cells back into the individual at a later date, without any of the complications of transplantation. This has already been done. I think two children now have received gene-therapy-corrected cord-blood cells. These children had what is known as severe combined immunodeficiency syndrome, which is fatal congenital absence of an immune system. These children received a corrected gene called ADA in cord-blood stem cells. The early results are quite encouraging. I think gene therapy is one of the most important reasons why cord-blood banking, in very clearly defined circumstances, might be applicable even now.

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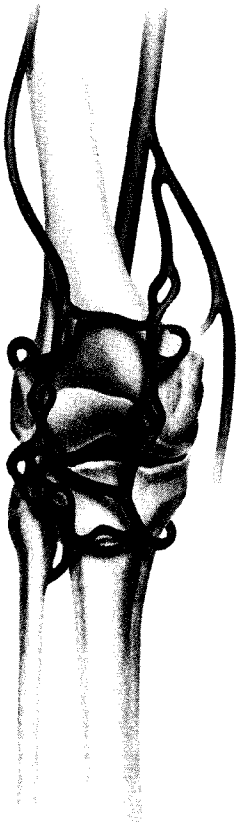

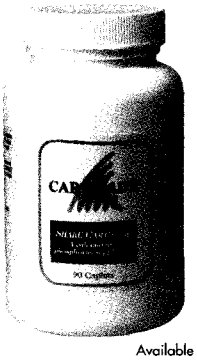

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If You Have a Kidney Stone

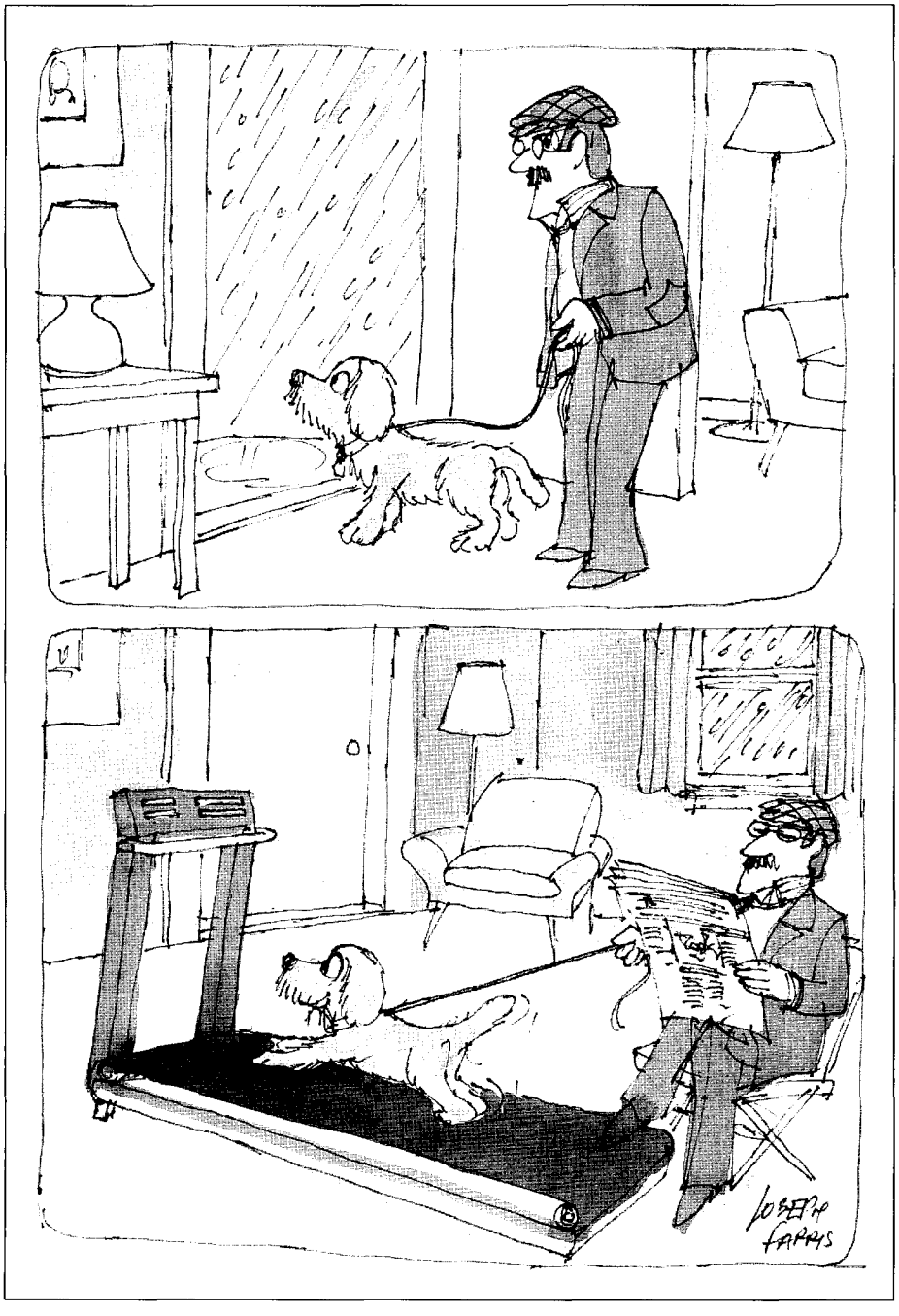
continued from page 41

or even with pH paper from the local pharmacy. Monitoring one's own pH level and keeping a diet log could provide personal information about how to maintain acid pH.

Infection causes urine to become alkaline by producing ammonia. The second strategy for prevention is to stop ammonia from being formed. An article in a recent *British Journal of Urology* from the Baylor College of Medicine cites success in suppressing infection (and ammonia production) by long-term doses of antibiotics specific to the problem bacteria. Patients should discuss this strategy with their doctors—not all physicians agree with long-term antibiotic therapy.

Sodium: Bad Guy in Kidney Stones

Add Yale University to the list of research centers focusing on excess dietary salt as the real "bad guy" in kidney stone recurrence. In a study of 282 patients with calcium oxalate kidney stones, researchers conclude dietary sodium is more of a factor in stone recurrence than dietary protein, carbohydrate, phosphorus, purine, or oxalate. The amount of salt consumed was at least as important as calcium intake in determining urinary calcium excretion levels. Researchers conclude a high sodium intake may commonly contribute to hypercalciuria in patients with calcium oxalate stones.



Can Hypertension Cause Kidney Stones?

An Italian study points to a statistically significant association between the two widespread conditions. Abnormal calcium metabolism in some people with hypertension can lead to chronically higher levels of urinary calcium excretion.

Because hypercalciuria is the most common risk factor for kidney stone formation, researchers analyzed three independent population-based surveys. The first, carried out in the early 1960s in Göteborg, Sweden, showed a high incidence of kidney stone formation with increasing blood pressure.

The second and third studies were performed in Italy, one in the town of Gubbio and the other in Pozzuoli near Naples. In both studies, the relative risk of kidney stone formation in hypertensive persons was higher than those with normal blood pressure readings.

After controlling for age, hypertension contributed by 18 percent to the overall rate of kidney stones. Dietary factors are known to play contributory roles in the prevention and treatment of these conditions. These researchers conclude a dietary approach is a powerful tool in the prevention of kidney stone disease.

New Evidence for Cranberries

A report in the *Journal of the American Medical Association* concludes that prevalent beliefs about the effects of cranberry juice may have microbiologic justification.

Harvard researchers recruited 153 older women to determine the effects of regular intake of cranberry juice. Half the study group drank about ten ounces of cranberry juice each day for six months. The other half drank a similar-appearing beverage containing no cranberry juice. The women who drank cranberry juice were 58 percent less likely to have infection-causing levels of bacteria in their urine. The cranberry juice reduced both preexisting bacteria and the occurrence of new bacteria in the urinary tract.

Researchers now postulate the juice inhibits bacteria from adhering to the bladder wall, where they can multiply and cause infection.

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Matthew 25:40

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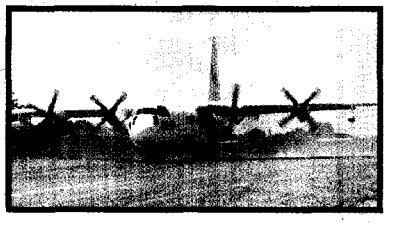

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MEDICAL MAILBOX

by Cory SerVaas M.D.

"Humor is a means of obtaining pleasure in spite of the distressing effects that interfere with it."—*Sigmund Freud*

Living Laboratory

In 1983, Dr. T. Colin Campbell, a nutritional biochemist at Cornell University, launched the most comprehensive study on diet and disease ever undertaken—a massive ongoing study of 6,500 families across the far reaches of China. In the past decade, the China-Cornell-Oxford Project on Nutrition, Health, and Environment has revealed vital connections between diet, lifestyle, and disease.

For optimum health, stay in the produce section of your grocery store, advises Dr. T. Colin Campbell, who has been analyzing data from the massive China diet study. Cauliflower, broccoli, kale, kohlrabi, and peppers are rich sources of the powerful antioxidant vitamin C.

Research findings from the long-running study consistently link the higher rates of cancers and cardiovascular disease typically found in the United States to a high-fat, low-fiber diet. More recently, researchers found that in areas where death rates from cancer are higher, dietary intake of antioxidants vitamin C, selenium, and beta carotene were lower. In fact, vitamin C emerged as one of the most important factors implicated in a wide range of cancers, once again reinforcing vitamin C's role as a powerful antioxidant.

To reduce the American rate of cancers and cardiovascular diseases, researchers recommend a dramatic decrease in fat consumption and a major increase in dietary intake of fiber and plant-based foods rich in antioxidants.

"To get really significant changes in disease rates, it will be necessary to shift the American diet from its heavy reliance on animal-based food to one that relies far more on plant-based food," said Dr. Campbell. "Whereas current dietary guidelines recommend that no more than 30 percent of calories come from fat, data from the China study suggest that reducing fat to about 15 percent of total calories would prevent 80 to 90 percent of chronic degenerative diseases such as cancer, cardiovascular diseases, and diabetes before about age 65!"

The Chinese subjects in the study consumed one third of the fat Americans eat, and they consume twice as much starch. On the average, Americans consume much more protein than the Chinese; in addition, the plant-rich Chinese diet contains three times more dietary fiber than the American counterpart.

In China, mortality rates from colon cancer are lowest where cholesterol levels are lowest. Overall cholesterol levels in China range from 88 to 165 milligrams per 100 milliliters of blood plasma—much lower than the U.S. ranges (155 to 274 milligrams per 100 milliliters).

The China Project surveyed adults and their families in 138 rural villages. China was selected as the base for the study because of its huge population, which encompasses a wide range of ecologic zones, mortality rates from various diseases, dietary practice patterns, and socioeconomic conditions. In addition, the population is fairly immobile, and food production and consumption are highly localized so that lifestyles and dietary patterns have remained relatively stable in each area for generations. This "living laboratory" is an ideal project that has generated the most comprehensive database in the world on multiple causes of disease.

"In the final analysis, we have strong evidence from this and other studies that nutrition becomes the controlling factor in the development of chronic degenerative disease," Dr. Campbell concludes.

"The doctor said that my heart is good, my blood pressure is fine, and my cholesterol is OK, but that I could use some clean underwear."

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our needs further increases our respect for and belief in the one profession with which we could not do without.

Thank you again for your expertise and your caring. May God bless you in all ways always.

Evelyn B. Richter
Center Point, Texas

Estrogen Still Produced After Hysterectomy

Dear Dr. SerVaas:

My wife had a lumpectomy on her left breast October 3—half-inch malignant tumor, no further spread of malignancy. She is currently undergoing five to six weeks of radiation, plus taking the drug tamoxifen.

She had a complete hysterectomy in 1976 and currently is taking no estrogen pill, so my question is: Why take an estrogen-blocking drug when there are no estrogen-producing ovaries?

Larry Glass
Sterling City, Texas

We congratulate you for actively participating in your wife's care by seeking further explanations of her treatment. Theodore N. Tsengaris, M.D., director of the Breast Care Center at the George Washington University Medical Center in Washington, D.C., responds to your good question.

"Even women whose ovaries have been removed, or whose ovaries are no longer functional, produce estrogens within their bodies. The adrenal glands and other tissues are alternate sources of small amounts of this important hormone. In women with breast cancer, this 'peripheral' estrogen may be sufficient to stimulate the breast cancer cells to grow. Tamoxifen prevents estrogens from binding to cancer cells and, thus, their growth is inhibited. Although tamoxifen is not appropriate for every breast cancer patient, it is the treatment of choice for many women, especially those with hormone-sensitive breast cancer."

Help Needed for Gout Problems

Dear Dr. SerVaas:

I read an old copy of the *Post* that listed foods for gout patients to avoid. It listed sweetbreads. What exactly are sweetbreads, and why shouldn't those of us with gout eat them? Our son has gout, too.

Michael Mayer
San Antonio, Texas

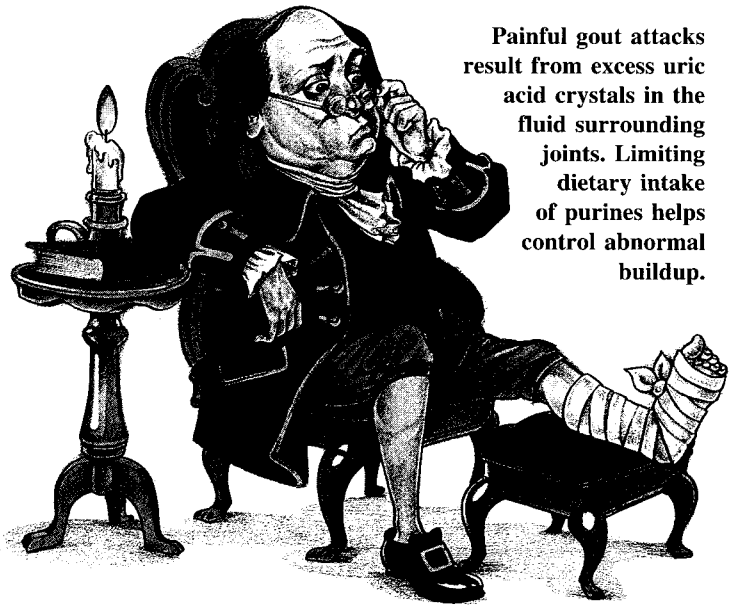
Sweetbreads are glands of animals used for food, specifically the pancreas and thymus; these are delicacies in some societies. Butchers refer to the pancreas as "stomach sweetbread" and the thymus as "neck sweetbread."

Dear Dr. SerVaas:

Reading "Medical Mailbox" is one of my priorities when I get *The Saturday Evening Post*. I have been suffering from gout for about three years. The last few months, it has become "unbearable" (this is an understatement), and my doctor has put me on a drug called allopurinol, 300 mg once a day, plus I take indomethacin, 50 mg three times a day. These medications seem to be helping a bit, and I'm trying not to eat much meat (especially red) or any cheese. I am not a pill person and really hate taking these drugs.

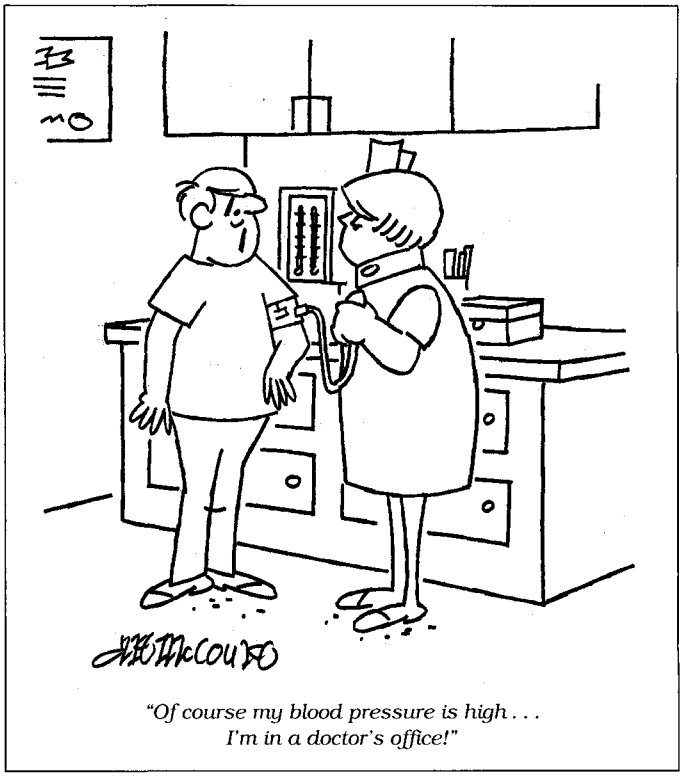
Please explain what causes uric acid in large amounts in the body. Are there any new or better drugs on the market? I have it in my ankle and knee. I have tried to find gout diets, but no such luck. Can you please help me with one? Maybe with a better diet, I can eventually stop taking these pills. Of course, I am overweight, about 50 pounds, and I guess losing that would help.

Catherine Micciche
Kitchener, Ontario



Painful gout attacks result from excess uric acid crystals in the fluid surrounding joints. Limiting dietary intake of purines helps control abnormal buildup.

As you mentioned, gout is brought on by a buildup of a chemical known as uric acid that is produced during ordinary metabolism. Normally, the excretory system removes this and other waste products of metabolism when blood is filtered in the kidneys. Sometimes, however, the normal balance between the production and excretion of uric acid becomes upset. An excess of uric acid in the fluid around the joints (synovial fluid) causes crystals to form. This



"Of course my blood pressure is high . . . I'm in a doctor's office!"

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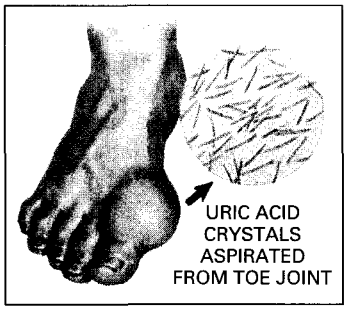


condition can be illustrated by adding one tablespoon of salt to one-third glass of water. At some point the salt will no longer dissolve and crystals will remain.

Under normal conditions, the synovial fluid facilitates the smooth movement of joints. The presence of the uric acid crystals, though, leads to the severe pain that signals an attack of gout. Accompanied by such symptoms as swelling and redness, gout most often strikes a single joint, such as the base of the big toe. Attacks usually last from a few hours or days to a few weeks at most. Ninety percent of those afflicted are men over 40, and one quarter have a family history of the condition.

Even before the time of noted gout sufferer Benjamin Franklin, conventional wisdom linked the ailment to overindulgence of food and drink.

• Watch your weight. Obesity strains all systems of the body, making it more difficult to keep vital processes in balance. On the other side of the coin, rapid reduction, especially involving diuretics, may aggravate symptoms.

• Avoid aspirin. Use an alternative analgesic.

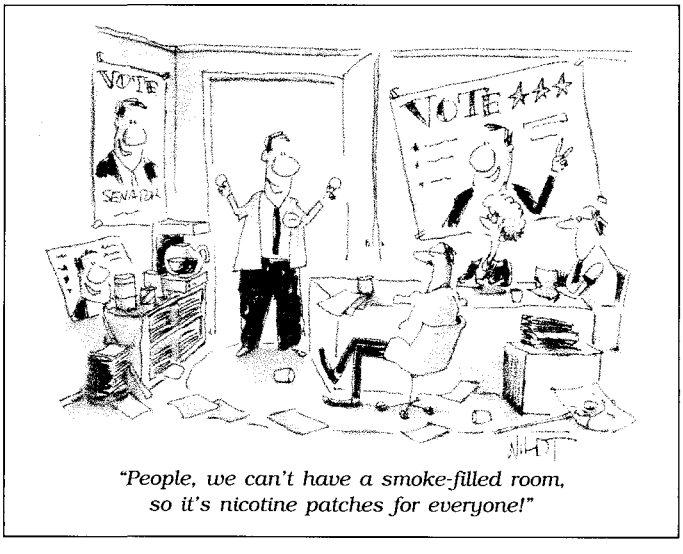
• Drink enough water to produce two liters of urine daily. This helps the excretory system do its job and flush out waste properly.

• Cut back on alcohol. Alcohol inhibits the processing of uric acid.

• Foods rich in chemicals called purines contribute to uric acid buildup. Avoid organ meats (liver, kidney, sweetbreads), sardines, and anchovies.

Your doctor may have other specific suggestions. Dr. Kenneth Brandt, a leading rheumatologist at the Indiana University Medical Center, explains that two classes of drugs may be used to treat gout. "Today, anti-inflammatory drugs such as indomethacin are commonly prescribed. Allopurinol, a drug to regulate purine levels between attacks, is also sometimes effective."

It is important to recognize that many of the symptoms of gout may be caused by a related condition known as "pseudogout." Deposits of calcium salt are to blame for these pains, usually localized in the knees, wrists, and ankles.



"People, we can't have a smoke-filled room, so it's nicotine patches for everyone!"

Possible Hope for Pancreatic Cancer Patients

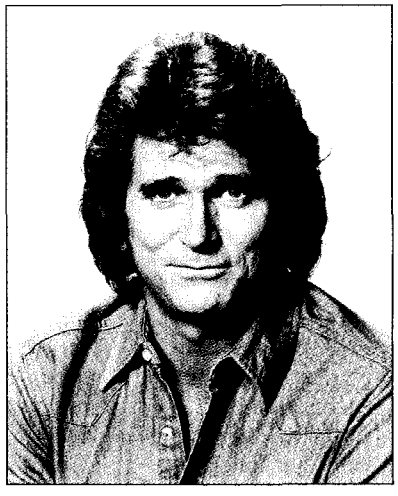
Dear Dr. SerVaas:

Is there any hope for a victory over pancreatic cancer such as there was for testicular cancer? Could you give us your predictions as to the conquest of pancreatic cancer?

Phyllis Smith
Dallas, Texas

Dr. Patrick J. Loehrer, Sr., who is director of the Gastrointestinal Cancer Multidisciplinary Clinic at Indiana University, responds to your questions.

"Pancreatic cancer is a disease in which I have had a great deal of interest during the past decade. In specific answer to your question: In my opinion, in the foreseeable future, there is not the same hope for victory over pancreatic cancer such as there was for testicular cancer. Testicular cancer has been a model for clinical researchers in oncology for the past 20 years. Today, approximately 95 percent of patients should be curable when treated appropriately with surgery or chemotherapy. (Even before Dr. Larry Einhorn put cisplatin into the treatment regimen for the disease, testicular cancer was recognized to be sensitive to a variety of different chemotherapeutic agents.)



TV star Michael Landon was at the peak of his acting career when diagnosed with pancreatic cancer—the disease that was to take his life within three months at the age of 54.

Pancreatic cancer, like many of the more common malignancies, is characterized by its resistance to drugs and radiation. Today, less than one percent of all pancreatic cancer patients will be cured by surgery. One small study showed that surgery followed by chemotherapy and radiation therapy improved the outcome of patients.

"In part, this is a reflection of the location of the pancreas. The fact that the pancreas is situated deep in the abdomen, behind the stomach and in front of the spine, makes early detection of cancer quite difficult because the tumor must reach a very large size before it is felt by a patient. This situation is unlike other tumors that occur in testicular cancer, breast cancer, or melanoma.

"In pancreatic cancer, sometimes small tumors, strategically located, may block the common bile duct. This may lead to jaundice and provide an early signal of disease.

"Supportive care is the mainstay of treatment for most patients with advanced pancreatic cancer. (This includes stents or surgery to divert bile and gastric bypass procedures, as well as pain-reducing measures.) Yet perhaps there is hope on the horizon. Early this summer, at the American Society of Clinical Oncology meetings, Dr. Malcolm Moore of Princess Margaret Hospital, Toronto, presented a multi-institutional trial that compared a novel drug, Gemcitabine, to the 'standard' chemotherapy for this disease. Symptoms improved and overall survival increased for

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patients receiving Gemcitabine. This is the first large-scale trial ever performed with this disease to demonstrate a survival benefit with a new treatment.

"In summary, pancreatic cancer remains one of the deadliest malignancies seen in the United States. Over the past several decades, numerous agents have been evaluated in clinical trials. Although these efforts have not made the impact that was seen 20 years ago in testicular cancer, I do believe we are beginning to see some hope."

Vitamin C for Kidney Stones

Although some portion of ingested vitamin C is metabolized to oxalic acid, many authorities believe that in most of us, the amount is far too insignificant to implicate vitamin C in the formation of kidney stones. In fact, the opposite is now believed to be true: one to five grams of ascorbic acid each day may actually prevent stone formation. Increased ascorbic acid in the urine gives rise to more acidic urine. This reduces the binding of calcium and oxalate and, therefore, the chance that they will form calcium oxalate crystals or stones.

Burning Pain Solution

Dear Dr. SerVaas:

This letter is in reply to the lady who had burning pain after urination.

I, too, had this problem, usually after long car trips. One day, a doctor addressed this problem in a newspaper article. He said not to wear tight jeans, slacks, or pantyhose and to keep your legs somewhat apart. This answer was like a miracle, for I never had the problem again.

Mary Young
Kitchener, Ontario

A Frightening Inner Ear Disturbance

Dear Dr. SerVaas:

As a reader of the *Post*, I have enjoyed many informative articles. I have not, however, noticed any articles related to inner ear disturbances, such as Ménière's.

Although it may not be as dramatic as other diseases, anyone who suffers from inner ear problems understands how debilitating it can be in regard to both their personal and professional lives. I experience this problem as a result of ear infections as a child and surgeries as a young adult. The symptoms surface without warning and can be extremely severe.

I would be most appreciative of any information regarding research, treatment, and coping mechanisms.

Hilda Meyer
Haslett, Michigan

George W. Hicks, M.D., F.A.C.S., of the Ear Institute of Indiana in Indianapolis, works with many patients who have severe internal ear disorders. Dr. Hicks responds:

"As you have stated, inner ear problems are not well-understood and can be very debilitating. Although there are many causes, such as ear infections and surgeries, one of the more common inner ear disturbances is Ménière's disease, or *endolymphatic hydrops*. This disease affects about seven million Americans, with 97,000 new cases diagnosed each year. Individuals with this disease experience episodes of dizziness of varying severity, nausea, tinnitus, and a feeling of fullness and pressure in the ear.

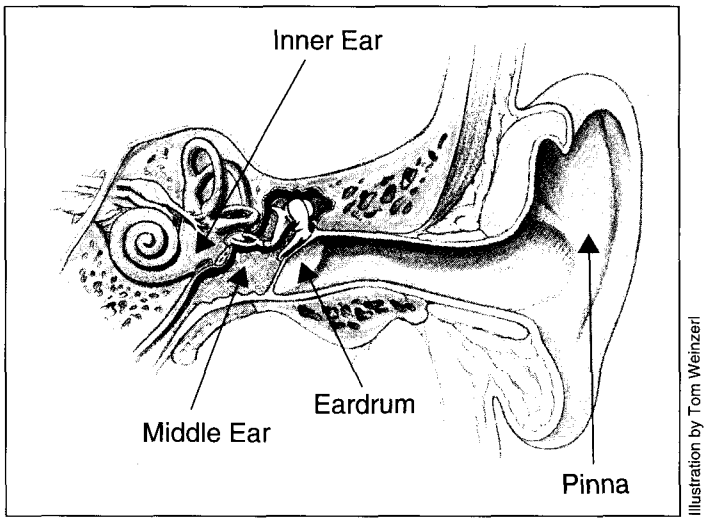

Illustration by Tom Weinzerl

An abnormal increase of fluid within the inner ear results in the debilitating symptoms of Ménière's disease.

Hearing loss initially fluctuates, but can become progressive and severe.

"Dramatic and frightening symptoms of Ménière's disease are due to an abnormal increase in inner ear fluid surrounding the hearing (cochlear) nerve and the balance (vestibular) nerve. As this fluid is produced, it normally is resorbed by the minute endolymphatic duct and sac. The entire inner ear system is very small and, normally, contains only three drops of fluid. Any increase in this fluid causes pressure on the delicate nerves and leads to disabling symptoms.

"Early diagnosis and treatment of Ménière's disease may help control dizziness and hearing loss. A combination of medications and a low-salt, no-caffeine diet is effective in 75 percent of cases. One of the perplexing dilemmas is that medical treatment that seems to help certain individuals does not help others similarly affected. Surgical intervention can be helpful if symptoms persist or hearing loss progresses, despite medical treatment.

"The prognosis for patients suffering from Ménière's disease is better than ever. With proper diagnosis and treatment, individuals with this disease can, once again, lead productive and enjoyable lives. Anyone experiencing inner

"About how many miles on the treadmill is this gonna set me back?"

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Lysine Research Study Update

Thank you for a great response to our Lysine-Herpes Study recruitment announcement. We have received more than 600 letters to date. More than 1,000 participants are needed. After recruitment is complete, a screening questionnaire will be distributed, and lysine or placebos will be mailed to participants. This important study will test the effect of the amino acid lysine as a dietary supplement to prevent and treat fever blisters, cold sores, or canker sores. To volunteer for the project, write to Lysine Research, c/o *The Saturday Evening Post*, 1100 Waterway Blvd., Indianapolis, IN 46202, giving your name and telephone number.

ear hearing or balance problems should consult an experienced ear specialist (otologist) who may be able to significantly alleviate symptoms."

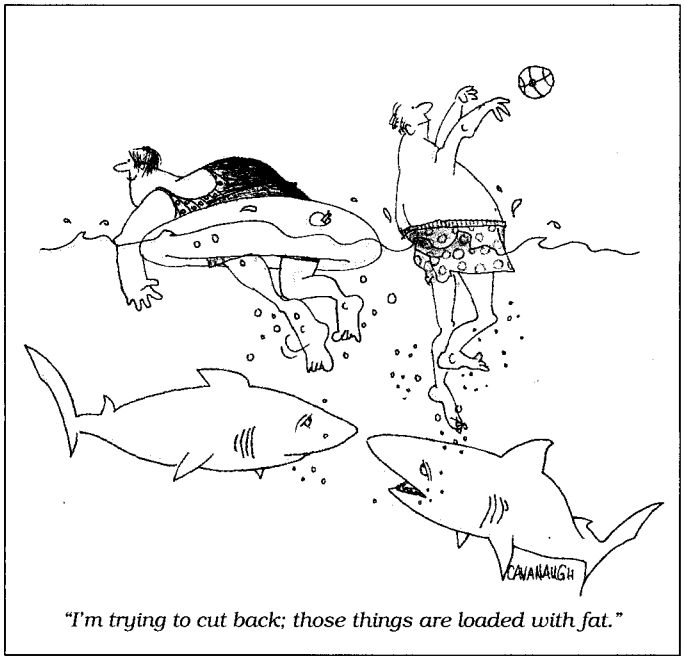
Spasmodic Torticollis

Dear Dr. SerVaas:

I would like to inquire if you are aware of spasmodic torticollis, as I have been affected by it for the past 2½ years (receiving Botox injections and now contemplating possible selective denervation surgery). I would appreciate any information you may have.

Joanne Arndt
Plymouth, Wisconsin

Spasmodic torticollis (ST) is the most common of a family of neurological illnesses called dystonia. The related disorders involve sustained, involuntary muscle spasms leading to abnormal postures and devastating pain. ST affects muscles that control movement and posture of the head and neck. Spasms may cause the head to turn or lean to one side, or be pulled forward or backward. Hand, head, and voice tremors may also be present. Research into the cause of ST points to a disturbance in the chemical "messengers" that carry signals from one nerve cell to another within specialized structures called basal ganglia situated at the base of the brain.



"I'm trying to cut back; those things are loaded with fat."

Dr. Allison Brashear injects botulinum toxin into the overactive neck muscles of a spasmodic torticollis patient.

ST symptoms usually begin gradually, slowly worsen over two to five years, then remain stable with some fluctuation in severity. Emotional stress, writing, walking, and attempting to do things with two hands may aggravate ST. Pregnancy and menstrual periods may also cause worsening of symptoms. It is noteworthy that touching the opposite side of the face may relieve pain for a time. Onset can occur at any time, but is most frequent in the 25-to-55-year age group. Although spontaneous recovery has been reported, the condition is generally a chronic one that may last indefinitely.

Currently, no treatment works for every patient. Electrical stimulation through the skin, biofeedback, nerve blocks, or relaxation techniques may control pain. Trained physiotherapists can help patients through flareups and may also be able to suggest exercises to help maintain good posture and muscle strength. Occupational therapists may devise home or workplace adaptations to reduce fatigue, promote safety, and improve mobility.

The most effective treatment is now considered to be intramuscular injections of botulinum toxin type A (Botox), a therapy also known as chemodenervation. Botulinum toxin is the same culprit we've heard about for years that causes botulism food poisoning. In large quantities, the toxin can produce fatal paralysis of respiratory muscles; when diluted and injected in extremely small amounts, it safely paralyzes overactive neck muscles by making the muscle think that the nerve has been cut. The muscle becomes weakened, smaller, and the spasms will go away. But the effect is only temporary. New nerve endings sprout within hours of the injection, necessitating repeated treatment every three to six months. A small number of patients develop antibodies to the botulinum toxin and become immune to its beneficial actions. Unfortunately, for some, it just doesn't work. Other drug regimens may help certain ST sufferers. Surgery provides mixed results and is recommended only in cases unresponsive to other treatments.

Dr. Allison Brashear, assistant professor of neurology at the Indiana University School of Medicine, tells us a support group of about 30 torticollis patients meets in Indianapolis. Dr. Brashear performs Botox injections twice a week and has referred patients for selective denervation surgery.

Denervation surgery is an intricate procedure that removes nerves at the point they enter affected muscle. It must be performed by neurosurgeons with special expertise. The National Spasmodic Torticollis Association (1-800-487-8385) and the Dystonia Medical Research Foundation (1-800-377-3978) sponsor research and provide support for torticollis sufferers, their physicians, and families. ▲

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(Advertisement)

Doctor Tips on Chest Pain and Clogged Arteries

(SPECIAL FEATURE)–If you regularly have chest pain, ringing ears or even leg pain ...your arteries may be clogged...and you may be on your way to a heart attack or stroke. A remarkable health guide by Dr. Edwin Flatto is now available that reveals a medically tested method that can stimulate your arteries to cleanse themselves–the natural way–without drugs or surgery.

It's called "Cleanse Your Arteries & Save Your Life." And it shows you exactly how nature can activate your body's built-in artery cleansing mechanism once you stop eating the wrong foods. It also warns you of the potential danger of certain so-called "cholesterol" diets.

Your own doctor will tell you that partially blocked arteries can produce many of the following symptoms. And he'll also agree that many of these symptoms may be improved once circulation is enhanced and the cleansing process begins. "Cleanse Your Arteries & Save Your Life" is based on documented scientific principles that can help:

- **Reduce chest pain (angina)**
- **Reduce the risk of bypass surgery**
- **Lower the incidence of heart disease**
- **Reduce dizziness & loss of balance**
- **Improve a partial loss of hearing**
- **Help clear up ringing in the ears**
- **Help clear up leg pain, cramps or tiredness in the legs**
- **Stimulate your body to produce a natural substance that seems to protect against heart attack**
- **Make your body dispose of cholesterol**
- **Thin out sludgy, poor circulating blood**
- **Reduce blood triglyceride levels**
- **Lower high blood pressure naturally**

By following Dr. Flatto's advice you can feel better than you have in years. You'll learn which delicious foods to eat and which to avoid. And you'll probably have more energy than you know what to do with. Here's just a small sample of the useful and helpful information you'll find in this valuable aid to better health:

- **When women run higher risks for heart attacks**
- **Which vitamins seem to offer protection against heart disease**
- **Which popular health foods may be dangerous**
- **The real truth about chelation therapy**
- **The real truth about Omega-3 fish oils**
- **The real truth about polyunsaturated fats**
- **How to calm your nerves naturally**
- **What simple food helps you lose weight**
- **Relieve gas and constipation naturally**

Right now, as part of a special introductory offer, you can receive a special press run of "Cleanse Your Arteries & Save Your Life" by Edwin Flatto, M.D. for only $8.95 plus $1 postage and handling. It is not available in any bookstore. It is only available through this special offer. Your satisfaction is 100% guaranteed. If you are dissatisfied in any way, simply return it in 90 days for a full refund–no questions asked.

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Where Do You Think You Are?

(answers from page 78)

(Theme: Small towns with big-city names)

1. Atlanta, IN
2. Denver, IA
3. Jacksonville, OH
4. Las Vegas, NM
5. Milwaukee, NC
6. Richmond, KY
7. St. Louis, MI
8. San Antonio, FL
9. San Diego, TX

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NOTICE OF CLASS ACTION AND PROPOSED SETTLEMENT

TO: ALL CONSUMERS WHO PURCHASED MIRACLE-EAR (OR OTHER DAHLBERG MANUFACTURED) HEARING AIDS BETWEEN JANUARY 1, 1988 AND JANUARY 25, 1994, **PLEASE BE ADVISED THAT** CLASS ACTION LAWSUITS HAVE BEEN CERTIFIED BY THE CIRCUIT COURT OF BARBOUR COUNTY ALABAMA AND THE DISTRICT COURT OF HENNEPIN COUNTY, MINNESOTA, AND THAT PROPOSED SETTLEMENTS OF THOSE SUITS HAVE BEEN SUBMITTED FOR CONSIDERATION BY THE COURTS. (A class action is a type of lawsuit in which a few named plaintiffs sue on behalf of themselves and many others who have similar claims.) THESE LAWSUITS MAY AFFECT YOUR RIGHTS.

These cases involve actions commenced against Dahlberg, Inc. (and others), seeking damages and other relief, upon allegations that defendants engaged in untrue and deceptive and marketing concerning Miracle-Ear (or other Dahlberg manufactured) hearing aids equipped with "Clarifier" or "Speech Sensor" circuitry. Defendants deny each and every claim. The Courts have not ruled on the merits of plaintiffs' allegations or on the denials and other defenses made by defendants. The Courts have, however, been presented with a proposed settlement for approval or rejection.

Under the proposed settlement, all members of the class will receive coupons entitling the recipient to a choice of certain free and discounted Bausch & Lomb consumer products. In addition, any class member who purchased a hearing aid equipped with Clarifier (or other automatic signal processing) circuitry is entitled to receive a minimum of $120 for each such hearing aid purchased. The Courts have not yet decided whether to approve this proposed settlement; they will consider whether to do so, and what fees to award to Class Counsel, on November 21, 1995 in Alabama and on November 22, 1995 in Minnesota.

FOR MORE INFORMATION

This notice is a summary only. A more detailed notice has been mailed to all class members for whom the Court has addresses. If you believe that you are a member of the class but have not received notice by mail, you should write to Dahlberg Settlement Administrator, P.O. Drawer 1509, Eufaula, Alabama 36027, for your copy of the more detailed notice. Your name and address will also be added to the mailing list. IF YOU WISH TO PARTICIPATE IN PROPOSED SETTLEMENT, YOUR NAME AND ADDRESS MUST BE ON THE MAILING LIST.

EXCLUSION RIGHTS

ANY CLAIM THAT YOU MAY HAVE AGAINST THE DEFENDANTS ARISING OUT OF THE ADVERTISING, PROMOTION OR SALE OF DAHLBERG HEARING AIDS WILL BE DECIDED IN THESE ACTIONS, BY TRIAL OR BY SETTLEMENT, UNLESS YOU REQUEST EXCLUSION FROM THE CLASS BY NOVEMBER 1, 1995, BY WRITTEN REQUEST TO DAHLBERG SETTLEMENT ADMINISTRATOR AT THE ADDRESS ABOVE. If you do so, you will (i) not share in any recovery that might be paid to class members as a result of the trial or proposed settlement of this lawsuit: (ii) you will not be bound by the outcome of this action; and (iii) you may present any claims you have against the defendants by filing your own lawsuit at your own expense.

Mark Thompson
Court Administrator
Hennepin County, Minnesota

David S. Nix
Clerk Circuit Court
Barbour County, Alabama
Clayton, Alabama 36016

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50 Memory-Stirring Hits From The Great

1936 TO 1945

DANCE HALL DAYS

Roll back the years and enjoy again 50 legendary hits from music's most thrilling and romantic era. Listed below are songs that captured our hearts during an amazing 10 years of music and history. Our hit parade was everywhere! Radio broadcasted from ballrooms like the Aragon, Palomar, Raymor and Martin Block's "Make Believe" Ballroom. Juke Boxes whirled at home while a world away GI's warmly welcomed V-Discs. We danced at night clubs, USO's, and ballrooms and truly had the greatest time of our lives. Here, in one giant collection are the songs we cherished most, all as timeless and beautiful today as they were then. Read the wonderful list of hits under each year and order your treasury today!

The Greatest 10 Years in Musical History!

★★★ 1936 ★★★

I'M GETTING SENTIMENTAL OVER YOU
Tommy Dorsey
His Famous Theme Song

STARDUST
Tommy Dorsey

★★★ 1938 ★★★

DON'T BE THAT WAY
Benny Goodman

SING, SING, SING
Benny Goodman,
Gene Krupa & Harry James

BEGIN THE BEGUINE
Artie Shaw's
Most Famous Solo

★★★ 1939 ★★★

AND THE ANGELS SING
Benny Goodman,
Ziggy Elman, Trumpet

MOONLIGHT SERENADE
Glenn Miller
His Famous Theme Song

IN THE MOOD
Glenn Miller's Biggest Hit

ALL THE THINGS YOU ARE
Tommy Dorsey

★★★ 1940 ★★★

CIRIBIRIBIN
Harry James' Theme Song

DARN THAT DREAM
Benny Goodman

TUXEDO JUNCTION
Glenn Miller

POLKA DOTS AND MOON BEAMS
Tommy Dorsey,
Frank Sinatra Vocalist
Frank's 1st Big Hit

THE BREEZE AND I
Jimmy Dorsey

I'LL NEVER SMILE AGAIN
Tommy Dorsey,
Frank Sinatra &
The Pied Pipers, Vocal

FRENESI
Artie Shaw

★★★ 1941 ★★★

I HEAR A RHAPSODY
Jimmy Dorsey

THERE'LL BE SOME CHANGES MADE
Benny Goodman

OH, LOOK AT ME NOW
Tommy Dorsey

DANCING IN THE DARK
Artie Shaw
His Romantic Million Seller

AMAPOLA
Jimmy Dorsey, Helen
O'Connell & Bob Eberly

GREEN EYES
Jimmy Dorsey, Bob
Eberly & Helen O'Connell

YOURS (*Till The End Of Life's Story*)
Jimmy Dorsey

CHATTANOOGA CHOO CHOO
Glenn Miller
1st Record Ever Certified
As Million Seller

YOU MADE ME LOVE YOU
Harry James
& Dick Haymes

★★★ 1942 ★★★

A STRING OF PEARLS
Glenn Miller,
Bobby Hackett & Tex Beneke

MOONLIGHT COCKTAIL
Glenn Miller
Ray Eberle
& The Modernaires

I DON'T WANT TO WALK WITHOUT YOU
Harry James

SOMEBODY ELSE IS TAKING MY PLACE
Benny Goodman

TANGERINE
Jimmy Dorsey

SLEEPY LAGOON
Harry James

I'VE GOT A GAL IN KALAMAZOO
Glenn Miller
Marion Hutton
& The Modernaires

SERENADE IN BLUE
Glenn Miller

THERE ARE SUCH THINGS
Tommy Dorsey

★★★ 1943 ★★★

BOOGIE WOOGIE
Tommy Dorsey

I'VE HEARD THAT SONG BEFORE
Harry James
& Helen Forrest

THAT OLD BLACK MAGIC
Glenn Miller

TAKING A CHANCE ON LOVE
Benny Goodman
& Helen Forrest

ALL OR NOTHING AT ALL
Harry James,
Frank Sinatra, Vocalist

★★★ 1944 ★★★

I'LL GET BY AS LONG AS I HAVE YOU
Harry James
& Dick Haymes

I'LL BE SEEING YOU
Tommy Dorsey,
Frank Sinatra, Vocalist

★★★ 1945 ★★★

I'M BEGINNING TO SEE THE LIGHT
Harry James

GOTTA BE THIS OR THAT
Benny Goodman

IT'S BEEN A LONG, LONG TIME
Harry James & Kitty Kallen

Plus Many More!

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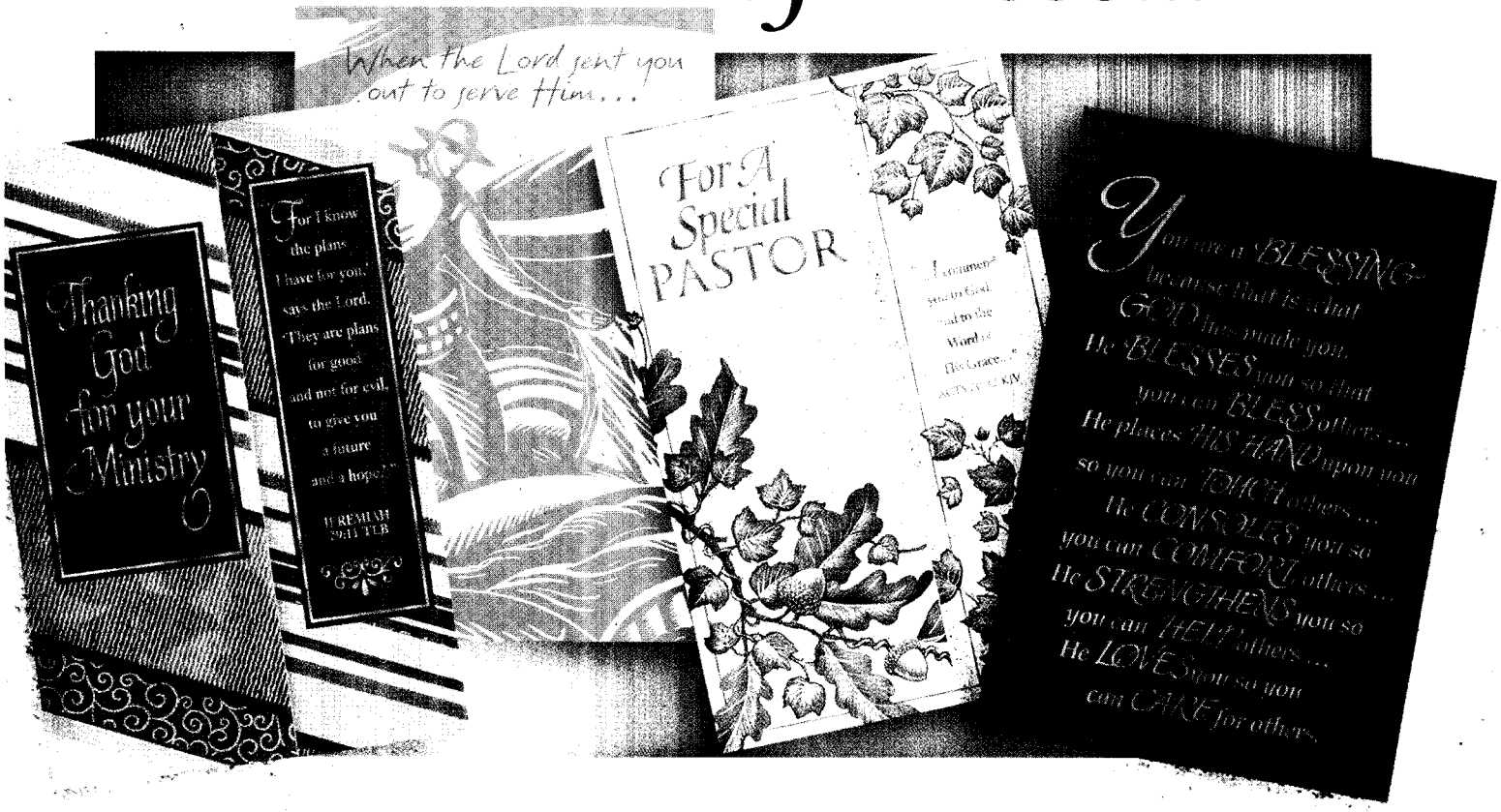
Clergy Appreciation Day

OCTOBER 8, 1995

The Next Time You Think About How Grateful You Are, *Send One of These...*


When the Lord sent you out to serve Him...
Thanking God for your Ministry
For I know the plans I have for you," says the Lord. "They are plans for good and not for evil, to give you a future and a hope."
JEREMIAH 29:11 TLB
For A Special PASTOR
You are a BLESSING because that is what GOD has made you. He BLESSES you so that you can BLESS others... He places HIS HAND upon you so you can TOUCH others... He CONSOLES you so you can COMFORT others... He STRENGTHENS you so you can HELP others... He LOVES you so you can CARE for others.

That Way You'll Both Be Blessed.

October 8 has been designated Clergy Appreciation Day, giving you a unique opportunity to honor those in ministry with your personal expression of appreciation and gratitude. Written with this moment in mind, and with accompanying scripture, a DaySpring card will say you care.

DaySpring CARDS

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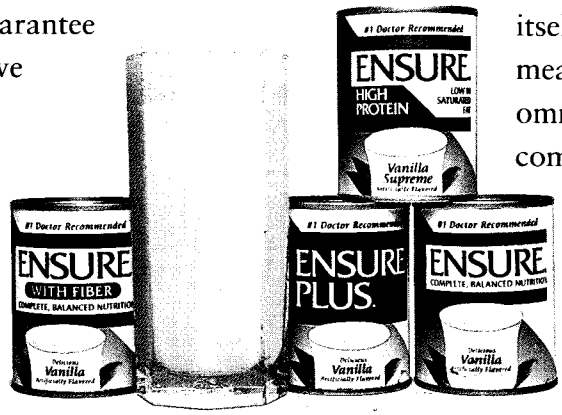

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